



LINCOLN COUNTY HUMANE SOCIETY

CAT ADOPTION APPLICATION

| FOR OFFICE USE ONLY | | | | |
|----------------------------------|-----------------------|---|-----------|-----------|
| CAT: \$ 99.00 | | Kitten: \$: 150.00 (6 months or younger) | | |
| CAT NAME: _____ | | | | |
| PET POINT # _____ | | AGE _____ | | |
| BREED _____ | | COLOUR _____ | | |
| SEX _____ | ALREADY ALTERED _____ | YES _____ | NO _____ | |
| BEHAVIOUR WAIVER REQUIRED? _____ | | YES _____ | NO _____ | |
| MEDICAL WAIVER REQUIRED? _____ | | YES _____ | NO _____ | |
| DEPOSIT PAYMENT: | | | | |
| NRAS _____ | LCHS _____ | \$25.00 _____ | | |
| METHOD OF PAYMENT: | | | | |
| CASH _____ | DEBIT _____ | VISA _____ | M/C _____ | CHQ _____ |
| Notes: _____ | | | | |

ADOPTER FIRST & LAST NAME: _____

ADDRESS: _____

CITY: _____ **POSTAL CODE:** _____

HOMEPHONE: _____ **WORK PHONE:** _____ **CELL PHONE:** _____

DRIVERS LICENSE #: _____ **BIRTH DATE:** _____

E-MAIL: _____

Name of cat or kitten you wish to adopt _____

YOUR FAMILY

Please circle, check the boxes or fill in the blanks:

- Are you over 21 years of age? **Must be 21 to complete an application:** Yes _____ or No _____
- Number of adults (18+ years) in the home: _____
- Number of children in the home: _____ (0-7 years) & _____ (8-17 years)
- Any visiting children to the home Yes _____ or No _____
- Any allergies to pets in the family? Yes _____ or No _____
- How busy is your family's schedule?
Very Busy _____ Busy _____ Not Busy _____
- How would you describe yourself?
Nervous _____ Calm _____ Loud _____ Quiet _____
- Are you planning on the following in the next month?
Moving _____ Vacationing _____ Change in Schedule _____ No Changes _____
- Where will your cat stay when you are away on holidays?
At home with care _____ Boarding _____ Other _____
If other please specify: _____

YOUR HOME

Please circle, check the boxes or fill in the blanks:

- What type of home do you live in?
House _____ Townhouse _____ Condo/Apt _____ Farm _____ MobileHome _____ Other _____
If other please specify: _____
- Do you own or rent your home?
Own _____ Rent _____ If rent: Landlord's name and phone# _____
- What is your current employment status?
Full-time _____ Part-time _____ Unemployed _____ Gov. Assist _____ Retired/Student _____ Stay @ home parent _____
Please provide your employer: _____
- On average, how many hours will your dog spend **alone** on: Weekdays _____ hours & Weekends _____ hours
- Where will your cat live?
Inside _____ Outside _____ Both _____
- Where will your cat stay during the day?
Loose in the house _____ Crate _____ Garage _____ Outdoor _____
Other _____ Please specify: _____
- Where will your cat stay during the night?
Loose in the house _____ Crate _____ Garage _____ Outdoor _____
Other _____ Please specify: _____

YOUR PETS

Please circle, check the boxes or fill in the blanks:

1. Are there any other cats in the household? Yes or No

If yes, please list them:

| NAME | BREED | AGE | SEX | FIXED? |
|------|-------|-----|-----|-------------|
| | | | | Yes No |
| | | | | Yes No |
| | | | | Yes No |

2. Are there any other pets in the household? Yes or No

If yes, please list them:

| NAME | TYPE/SPECIES | AGE | SEX | FIXED? |
|------|--------------|-----|-----|-------------|
| | | | | Yes No |
| | | | | Yes No |
| | | | | Yes No |

3. Do you take your pets to see a Veterinarian regularly / annually? Yes or No

Please provide the name of the Veterinarian Clinic/Hospital that you use: _____

If you do not presently have a Veterinarian, please provide the name of the Veterinarian Clinic you plan to use: _____

4. What name is the pet(s) file under at the Veterinarian? _____

5. Do we have permission to discuss any questions/concerns we may have with your Veterinarian concerning your pets? Yes or No

PAST EXPERIENCE/GENERAL INFORMATION

Please circle, check the boxes or fill in the blanks:

1. Who will have the primary responsibility for this cat? _____

2. Have you personally owned a cat before? Yes or No

If yes, and no longer with you, please explain what happened to the cat(s): _____

3. Please tell us why you want to adopt AND why you are a good candidate: _____

4. What would you enjoy doing with your cat? _____

5. Approximately how much do you think your new cat will cost you per year for the following items?

Veterinary/Medical: \$ _____ Boarding: \$ _____ Food: \$ _____ Grooming: \$ _____

6. Have you ever surrendered or given away a pet? Yes or No

If yes, please explain why: _____

7. Under what circumstances would you return this cat?

Moving Too Costly New Baby Aggression/Behaviour Medical Reasons Not enough time

If there is another circumstance, please specify: _____

8. Are you able to commit at least 15 years to this cat? Yes or No

9. Please provide a name and phone # of 1 personal reference who can comment on your suitability for adoption: _____

10. In the event of separation, illness or death; who will take responsibility of this cat? _____

WHAT ARE YOU LOOKING FOR?

Please check the boxes:

| PROBLEMS YOU ARE WILLING TO WORK ON OR WITH | | |
|---|---|--|
| Destructiveness Reaction to Other Cats Meowing/Vocalization Jumping on/Clawing furniture | Prey Drive Fearfulness Medical Care Rough Play | Bite History Under Socialization Inappropriate Defecation/Urination Flight Risk |
| ** If you are not willing to work on any of the above potential problems, please check this box: | | |

| I WOULD LIKE MY CAT TO: | VERY IMPORTANT | SOMEWHAT IMPORTANT | NOT AT ALL IMPORTANT |
|---------------------------------------|--------------------------|--------------------------|--------------------------|
| Be friendly with children: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Be friendly with other cats: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Be friendly with dogs: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Be friendly with small animals: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Be friendly with me: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Be friendly with visitors in my home: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Enjoy being groomed: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Enjoy being held: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Enjoy being petted: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Be calm & quiet: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Be playful & Enthusiastic: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Be independent: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Be a guard cat: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Never wake me up at night: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Never show aggressive behavior: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| SOME CATS REQUIRE TRAINING: | YES | NO | UNCERTAIN |
|---|--------------------------|--------------------------|--------------------------|
| I need a cat that is already trained: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am a first time cat owner: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I'm experienced in handling difficult cats: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

NOTES: (please fill in any information not covered above)

DISCOUNTED ADDITIONAL ADOPTION SERVICES

Please have a staff member check the boxes for items you wish to purchase:

Please Note: Once these services are paid for, they will be rendered at the first opportunity. Once the service is performed, refunds cannot be issued in the event your application is cancelled or denied for any reason.

| | |
|--|-------------------------------------|
| Blood Profile: \$115.00 | 2-in-1 FIV & Leukemia Test: \$70.00 |
| Booster, De-flea and De-worming: \$20.00 | Feline Leukemia Vaccine: \$30.00 |

ADOPTION AGREEMENT

By undersigning I certify that I have asked and have had my questions answered sufficiently, pertaining to this application, the forms and their content. I undersign and signify that all of the information contained herein is true and understand that **any false information will result in immediate application denial**. The LCHS reserves the right to refuse any applicant.

Deposits are non-refundable in the event that your application is denied for any reason.

Signature of Adopter: _____

Date: _____

By signing your name electronically above you are agreeing that your electronic signature is the legal equivalent of your manual signature on this Adoption Application. You are also consenting that we have the right to contact references provided and perform a background check of your suitability to adopt.