



## **CAT ADOPTION APPLICATION**

Thank you for choosing to adopt a pet from TDHS!  
Every animal and every home is unique. We are here to help you find the right pet.

We use this application as a starting point to match your lifestyle, needs, and experience with the animals we know so well. We are committed to finding each TDHS animal the right match.

### **Before you fill in your application, please note:**

- \*THDS animals first come to the shelter either as strays; as a result of a cruelty investigation; or because they signed over by a previous owner.
- \*We cannot guarantee temperament of our animals. Most animals come to us without any background history. We disclose any information that is given to us on a surrender form and what is discovered during a behavior assessment, however this still does not guarantee temperament, as temperament is often an effect of environment and circumstance.
- \*We cannot guarantee health of our animals. We disclose observation that are revealed during an exam and information that is provided at the time of surrender. Please understand that some illnesses can have an incubation period of upward of 10 days, which means that a pet can leave in good health but get sick a few days post adoption.

### **IMPORTANT INFORMATION:**

1. All adopters are responsible for veterinary care and medical bills incurred post adoption.
2. If for whatever reason, you must re-home your new pet, you must first contact TDHS.
3. TDHS reserves the right to verify all information provided on the adoption application (veterinary reference, landlord, etc.)

### **By signing below:**

- \* I certify that the information I have provided in this application is true and I recognize that any misrepresentation of facts may result in my losing the privilege of adopting a pet from TDHS.
- \*I understand that TDHS has the right to deny my request to adopt an animal and that TDHS does not adopt animals on a first come, first served basis.
- \*I authorize investigation of all statements contained in this application.
- \*I understand that this application is the property of the TDHS.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Thank you for your responses, all of which are confidential.  
Please note: Due to the high number of applications we receive, only the successful applicants will be contacted within 1-3 business days.*

**Timmins and District Humane Society  
CAT ADOPTION APPLICATION**

**CAT'S NAME:**

**APPLICANT INFORMATION**

Name:	Age:	Email:		
Address:	Postal Code:			
Cell Phone #:	Work Phone#	Home Phone #:		
Employer:	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Retired <input type="checkbox"/>	Unemployed <input type="checkbox"/>
Co-Habitant's Name:	Age:	Email:		
Cell Phone #:	Work Phone#	Home Phone #:		
Employer:	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Retired <input type="checkbox"/>	Unemployed <input type="checkbox"/>

**FAMILY/LIFESTYLE**

What type of home do you live in?  
 House     Apartment     Mobile     Farm     Duplex     Student Residence

Do you:    rent     own     Live with parents     Do you have roommates:    yes     no

How long have you lived at your current address?

How many times have you moved in the past 5 years?

If you were to move in the future, what would happen to your cat?

If you rent, please provide contact information for your landlord.  
 Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

How many children live in your home: \_\_\_\_\_ Ages: \_\_\_\_\_

How would you describe your household?  
 Loud     Calm     Busy     Quiet

Does anyone in your home suffer from pet allergies?    Yes     NO   
 (If planning to have a family, consider the possibility of allergies developing in your newborn BEFORE adopting a cat.)

If your current relationship changes, with whom will your cat remain?

Do you have someone who can look after your cat in the event of serious illness/death?

Is this cat going to be:    Indoor only     Outdoor only     Indoor/outdoor

Have you ever owned a pet that is no longer with you? (If so, please explain why):

Have you ever surrendered a pet to a Humane Society/OSPCA? If so, please specify which pet:

# Timmins and District Humane Society

## CAT ADOPTION APPLICATION

### PET CARE/COMMITMENT

Are you adopting this cat for yourself or someone else? (Please specify)

Why are you adopting a cat? (Check all that apply)

Companion for family

Teach child responsibility

Companion for existing pet

Barn cat

For what reason would you return/re-home your cat?

Allergies

Moving

Separation/Divorce

New baby

Behavioural issues

Large veterinary bill

Not getting along with current pets

Chronic medical issues

Urinary Issues

Does not apply

Aggression issues

Death in the family

Other (please explain):

Are you prepared to make the 15-20 year commitment a cat requires? Yes  No

How much do you think it costs to feed one cat for one month? (Keep in mind! Some cats may require a specialized diet)

When traveling/away from home, what arrangements will you make for the care of your cat?

Who in your household will be responsible for caring for this cat?

What kind of behaviours would you not tolerate from you new cat? (ie: scratching furniture/not using litter box)

Have you ever applied for a pet before from any other shelter? If so, which pet? Were you successful?

Have you ever been investigated by the Ontario SPCA?

### MEDICAL CARE

How much will you budget for basic veterinary care per year? (please consider annual checkups, vaccines and preventative/emergency care)

Do you plan to declaw your cat? (Please be aware that extra fees will be included for this procedure) Yes  No

Are you comfortable administering medication to your cat should it become ill? (ie: pills, eye medication, injections)

Yes  No

Do you believe in spaying/neutering? Yes  No

### REFERENCES

If you do not have a veterinary reference, please provide 2 character references instead.

Name	Relationship	Contact Number

**Timmins and District Humane Society  
CAT ADOPTION APPLICATION**

**PET CARE/EXPERIENCE**

**Tell us about your current pets:**

SPECIES	NAME	SEX	ALTERED	AGE	VACCINE STATUS	DECLAWED

**Tell us about your previous pets:**

SPECIES	NAME	SEX	ALTERED	AGE	VACCINE STATUS	DECLAWED

**Please list each veterinary clinic that has cared for your animals:**

NAME OF CLINIC	NAME OF VETERINARIAN(S) DEALT WITH	TELEPHONE NUMBER	CLIENT'S NAME UNDER WHICH THE PET'S RECORDS ARE LISTED

*SIGN ME UP! For the Timmins & District Humane Society monthly newsletter. (Unsubscribe at any time.)*

Email Address \_\_\_\_\_

*Yes, I would like to receive email and/or mail with special offers and information from Hill's Pet Nutrition Canada Inc and its family of brands about my adoption. (Unsubscribe at any time.)*