

HUMANE SOCIETY OF KAWARTHA LAKES

111 McLaughlin Road, Lindsay, Ontario, K9V 6K5

Tel: (705) 878-4618 Fax: (705) 878-5141

Email: shelter.hskl@cogeco.net



CAT (Other) ADOPTION APPLICATION

SHELTER # _____

ANIMAL'S NAME: _____ SEX: MALE FEMALE AGE _____

SPAYED / NEUTERED
 INTACT

THE FOLLOWING QUESTIONS ARE DESIGNED TO HELP YOU THOROUGHLY UNDERSTAND THE RESPONSIBILITY OF THE COMMITMENT YOU ARE ABOUT TO MAKE. PLEASE ANSWER ALL QUESTIONS AS HONESTLY AS YOU CAN. EACH APPLICATION WILL BE REVIEWED BY OUR ANIMAL CARE STAFF TO MAKE SURE THAT THIS ADOPTION IS IN THE BEST INTEREST OF BOTH YOU AND THE PET. THE HUMANE SOCIETY OF KAWARTHA LAKES RESERVES THE RIGHT TO DEFER ANY ADOPTION THAT IT DETERMINES WOULD NOT BE IN THE ADOPTER'S OR THE PET'S BEST INTEREST.

NAME _____ HOME # _____ CELL # _____

ADDRESS _____ EMAIL _____

CITY _____ POSTAL CODE _____ BUS # _____

ADOPTER INFORMATION:

PRIMARY OWNER AGE RANGE UNDER 18 18 - 29 30-44 45-65 OVER 65

DWELLING HOUSE TOWNHOUSE CONDO APT DORM OTHER (SPECIFY) _____

OWN RENT: ARE YOU RESTRICTED FROM OWNING AN ANIMAL? YES NO

DO YOU HAVE YOUNG CHILDREN (UNDER 5 YEARS OLD)? YES NO

DO ANY MEMBERS OF YOUR HOUSEHOLD HAVE ALLERGIES TO ANIMALS? YES NO

HOW WOULD YOU RATE THE NOISE/ACTIVITY LEVEL IN YOUR HOME? LOW MEDIUM HIGH

VETERINARIAN'S NAME _____ TEL. # _____

MAY WE MAKE CONTACT FOR A REFERENCE? YES NO

WHAT TYPE(S) OF PET(S) DO YOU OWN, OR HAVE YOU OWNED DURING THE PAST FIVE (5) YEARS?

TYPE/BREED	AGE	SEX	ALTERED	STILL OWN	VACCINE CURRENT	
1. _____	_____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR
2. _____	_____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR
3. _____	_____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR

HAVE YOU HAD ANY PETS THAT DIED OF: UNKNOWN CAUSES CONTAGIOUS DISEASE ACCIDENT

IF YES, PLEASE PROVIDE DETAILS: _____

HOW LONG HAVE YOU BEEN PLANNING ON ACQUIRING AN ANIMAL? _____

WILL YOUR NEW PET BE AN INDOOR OR OUTDOOR ANIMAL? INDOOR OUTDOOR

ARE YOU PLANNING ON HAVING THE ANIMAL SPAYED / NEUTERED? YES NO

IF 'NO', PLEASE EXPLAIN: _____

ADOPTER PREFERENCES:

TOLERANT OF CHILDREN: VERY TOLERANT SOMEWHAT TOLERANT MILDLY TOLERANT

SHORT HAIR (EASY GROOM) MEDIUM HAIR (SOME GROOMING) LONG HAIR (EXTENSIVE GOORMING)

ENERGY / ACTIVITY LEVEL: HIGH MEDIUM LOW

FAVOURITE BREED _____

AGE RANGE: _____ PUPPY ADOLESCENT SENIOR MALE FEMALE

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CAT WOULD TRAVEL IN THE CAR: OCCASIONALLY FREQUENTLY

CAT 'BAD HABITS' THAT ARE INTOLERABLE: _____

REASONS FOR ADOPTING THIS ANIMAL: (CHECK ALL THAT APPLY)

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> PET & COMPANION | <input type="checkbox"/> BREEDING | <input type="checkbox"/> OTHER: (PLEASE SPEIFY) |
| <input type="checkbox"/> MOUSER | <input type="checkbox"/> A GIFT | _____ |
| <input type="checkbox"/> BARN CAT | <input type="checkbox"/> FOR A SENIOR | _____ |
| <input type="checkbox"/> COMPANION FOR OTHER ANIMAL | <input type="checkbox"/> FOR A CHILD | _____ |

AREAS YOU WOULD LIKE TO DISCUSS WITH ADOPTION STAFF: (CHECK ALL THAT APPLY)

- | | | |
|---|---|--------------------------------|
| <input type="checkbox"/> HOW TO INTRODUCE NEW CAT (OTHER ANIMAL) TO OTHER PETS IN HOUSEHOLD | | |
| <input type="checkbox"/> REASONS FOR SPAY / NEUTER | <input type="checkbox"/> CLIPPING NAILS | OTHER: |
| <input type="checkbox"/> IMPORTANCE OF IDENTIFICATION | <input type="checkbox"/> WHAT TO DO IF CAN'T KEEP | <input type="checkbox"/> _____ |
| <input type="checkbox"/> HOW TO RECOGNIZE FEMAL IN HEAT | <input type="checkbox"/> PROPER SOCIALIZATION | <input type="checkbox"/> _____ |
| <input type="checkbox"/> CHILDREN & CATS / KITTENS | <input type="checkbox"/> PET INSURANCE | <input type="checkbox"/> _____ |
| <input type="checkbox"/> RECOMMENDED TOYS | <input type="checkbox"/> DIET / NUTRITION | <input type="checkbox"/> _____ |

BY SIGNING BELOW, I CERTIFY THAT THE INFORMATION I HAVE GIVEN IS TRUE AND THAT I RECOGNIZE ANY MISREPRESENTATION OF FACTS MAY RESULT IN MY LOSING THE PRIVILEGE OF ADOPTION. I ALSO REALIZE THAT A PET IS A LIFE-LONG COMMITMENT AND I AM READY TO MAKE THIS COMMITMENT.

I UNDERSTAND THAT THE HUMANE SOCIETY OF KAWARTHA LAKES HAS THE RIGHT TO DENY MY REQUEST TO ADOPT AN ANIMAL, AND I AUTHORIZE THEN INVESTIGATION OF ALL STATEMENTS IN THIS APPLICATION.

I UNDERSTAND THAT THIS APPLICATION IS THE PROPERTY OF THE HUMANE SOCIETY OF KAWARTHA LAKES.

_____ ADOPTER	_____ STAFF	_____ SHELTER MANAGER
DATE _____	DATE _____	DATE _____

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