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Sault Ste. Marie & District SPCA (Humane Society)

Cat Adoption Application

Name: _____ Phone: _____
Spouse/Co-Habitant: _____ Maiden Name: _____
Address: _____ Postal Code: _____
Email: _____ Date Of Birth: _____
Employer: _____ Identification: _____

FOR OFFICE USE ONLY
Date: _____
Cat's Name: _____
Staff: _____
Approved: Yes No Pending
Reason: _____

Your Family:

Who are you adopting this cat for? Myself Other: _____

Number of adult (18+ years) at home: _____

Number of children at home: 0-7years _____ 8-17 years _____

Do you believe in spaying and neutering? YES NO

Any known "pet" allergies: YES NO

How busy is your family:

VERY BUSY BUSY NOT BUSY

How would you describe yourself?

NERVOUS LOUD CALM QUIET

Are you planning on the following in the next month?

MOVING HOLIDAY CHANGE IN SCHEDULE

Where will your cat stay during the holiday?

AT HOME WITH CARE BOARDING OTHER

Your Home:

Do you: OWN RENT

Do you have your landlord's permission to have pets? YES NO

On average, how many hours will your cat be alone on:

Weekdays: _____ Weekends: _____

Will the cat be an indoor cat or outdoor cat: _____

General Information:

Who will have the primary responsibility of the cat? _____

Have you had cats before? YES NO

What happened to them? _____

Have you adopted from us before? YES NO

Have you surrendered or given away a pet? YES NO

If yes please provide the reason: _____

Have you researched the costs involved in owning a cat:

Vet/Medical: YES NO Food: YES NO

Boarding: YES NO Grooming: YES NO

Your Pets:

Are there any other pets in your house hold? YES NO

If yes, please list them:

Name	Breed	Age	Sex	Fixed?
				YES NO
				YES NO
				YES NO
				YES NO

How are they with cats? _____

What vet clinic do you use? _____

Have you contacted your vet to see if they are willing to take on a new patient? YES NO

Tell Us What You Are Looking For:

Sex:	Female	Male	No Preference	
Coat:	Short	Medium	Long	No Preference
Age:	Kitten	Adult	Senior	No Preference
Size:	Small	Medium	Large	No Preference
Breed/Type/Colour:				

Problems you are willing to work on:

Behavioral: Litter Box Problems Scratching Furniture

Socialization: Fearful Shy Nervous

I am not willing to work on any problems:

I need more information to decide:

I WOULD LIKE MY CAT TO	VERY IMPORTANT	QUITE	NOT IMPORTANT
Be friendly with children			

Be friendly with other cat's			
Be friendly with dogs			
Enjoy being groomed			
Enjoy being held			
Enjoy being petted			
Be calm			
Be playful			
Be quiet			
Be independent			
Always use the litter box			
Be friendly with me			

Under what circumstances would you return your cat?

Moving Too costly New baby Aggression Medical reasons (Cat's)
 Not enough time Behaviour problems Medical reasons (Personal/Family's)

Have all the members of your household met the cat? YES NO

Have you ever been convicted of neglect or cruelty to animals? YES NO

Which cat(s) were you interested in applying for?

SAULT STE. MARIE & DISTRICT SPCA (HUMANE SOCIETY)

"We speak for those who cannot speak for themselves."

Thank you for considering giving one of our homeless animals a permanent home. Since we may have several possible homes for the particular companion animal you desire, we assure you that if the home we choose is a home other than yours, it is no reflection on your ability to provide a good home for an animal.

Before placing an animal into a home, we consider the personality and temperament of the animal as well as his/her needs. Since we are here for the animals, our first consideration is for the animal's happiness in his/her new surroundings. Please understand that the home you are able to provide for this animal may not meet his/her needs. Another animal may adapt to your lifestyle better.

The majority of the animals seeking a new home have come to us with little or no history. We try to maintain the healthiest environment possible for them, but minor ailments and disease are inevitable when housing animals that have more than likely never seen a veterinarian in their life. We strongly encourage you to take your new family member to a veterinarian of your choice within two weeks of adoption. If your new pet requires medical care, please contact the shelter as soon as possible. In **some** situations, we can provide assistance with the veterinary costs. Please note that fleas and worms are **not** considered an illness and the cost for treatment would be your responsibility. Our animal care procedures include an initial deworming treatment and any animals found with fleas, receives a topical treatment. Neither is considered fail-safe and follow-up should be done with your veterinarian.

I certify that I have read and fully understand the above information and understand that any misrepresentation of the application information can result in withdrawal of my application for adoption.

Further, I understand that all adoptions are at the discretion of authorized representatives of the Sault Ste. Marie & District SPCA (Humane Society) and completion of this form does not guarantee adoption.

DATE

SIGNATURE