

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:

*Most TDHS adoptions are handled as foster-to-adopt cases. Please familiarize yourself with the adoption process prior to submitting your adoption application.

*THDS animals first come to the shelter either as strays; as a result of a cruelty investigation; or because they've been 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 the health of our animals. We disclose observations that are revealed during an exam and information that is provided at the time of surrender.

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 or aggression towards staff 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.

*In the event that my application is approved, but another family was chosen for the pet I applied for, my application can be kept on file for up to 6 months.

*I authorize investigation of all statements contained in this application.

*I understand that this application is the property of the TDHS.

*I understand that I will be contacted by phone and email throughout the adoption process with important info and shelter updates. If preference post-adoption is not to receive further emails, I may unsubscribe at any time.

Signature:

Date: _____

Thank you for your responses, all of which are confidential.

Please note: Due to the high number of applications we receive, <u>ONLY</u> the successful applicants will be contacted within 1-3 business days. There is a possibility of a lengthier process for special case animals.

Timmins and District Humane Society CAT ADOPTION APPLICATION							
CAT'S NAME:							
APPLICANT INFORMATION							
Name:			Age:	Email:			
Address:		Town/	/City:	Pos	stal Code:		
Cell Phone #:	-	Work Phone #:		Home Pl	hone #:		
Employer:	Job Tit	tle:	Full Time	Part Time	Retired 🔲 Unemp	oloyed 🔲	
Co-Habitant's Name:			Age:	Email:			
Cell Phone #:		Work Phone #:		Home Pl	hone #:		
Employer:	Job Tit	:le:	Full Time	Part Time	Retired 🔲 Unemp	ployed 🔲	
		FAMILY/L	IFESTYLE				
What type of home do	you live in?						
House 🔲 Apa	artment 🔲	Mobile 🔲 🛛 Farm	n/Acreages	Duplex	Student Resid	Jence 🔲	
Do you: Rent 🔲	Own 🔲	Live with pare	ents 🔲	Do you have ro	ommates: Yes 🔲	No 🔲	
How long have you live	d at your current a	ddress?					
How many times have	you moved in the p	ast 5 years?					
-		ould happen to your cat					
If you rent, please prov	ide contact informa	ation for your landlord.	-			processed)	
Name:		Pho	ne Number:				
How many children live	in your home?		Ages:				
How would you describ		(Check all that apply)					
Loud	(Calm	Busy	כ	Quiet 🔲		
What type of cat are y	/ou looking for? (Ch	eck all that apply)	Specialized	care/medical case	e 🗖		
Female 🔲 Mal	e 🔲 Kitter	n (<6 months) 🗖	Adult (1-6	years)	Senior (7+)]	
Does anyone in your h			Yes	No			
If so, please specify all	ergies to what speci	ies:					
(If planning to have a fa	mily, consider the	possibility of allergies de	eveloping in your	newborn BEFORE	adopting a cat.)		
If your current relation	ship changes, with	whom will your cat rem	iain?				
Do you have someone	who is prepared to	look after your cat in th	e event of a serio	ous illness/death?			
Is this cat going to be:	Indoor only] Out	tdoor only 🔲	Inc	loor & outdoor 🔲		
Have you ever owned a pet that is no longer with you? (If so, please explain why):							
Have you ever surrende	ered a pet to a hum	nane society/rescue? If s	o, please specify	the reason and w	hich pet:		

Timmins and District Humane Society CAT ADOPTION APPLICATION						
PET CARE/COMMITTMENT						
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	Other				
Companion for existing pet	Barn cat	Explain:				
For what reason would you return/re-hom	ne 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 on	e cat for one month? (Keep in mind! Some	cats may require a specialized diet)				
When traveling/away from home, what ar	rangements will you make for the care of y	our cat?				
Who in your household will be responsible for caring for this cat?						
What training do you expect your new pet to already have down? (ie: no scratching of furniture, using the litter box, socialized)						
Have you ever applied for a pet at our facility or any other Humane Society/Rescue? If so, which pet? Were you successful?						
Will this pet be exposed to animals of family members/friends? If so, please specify:						
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 \Box No \Box						
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						
Only complete this section if you do not have a veterinary reference. Please provide two character references instead.						
Name	Relationship	Contact Number				

Timmins and District Humane Society CAT ADOPTION APPLICATION									
PET CARE/EXPERIENCE									
Will you be a first time pet owner? Yes No									
I have contac **	cted my vet	terinary c	clinio	c and given		for the	e medical r		
Tell us about you	<u>ir current p</u>	ets: (Atta	ich a	nother pag			r		
SPECIES/BREED	NAMI	AME GEN		IDER & AGE		SPAYED/ NEUTERED		NE Is	DECLAWED (CATS)
	_						 		
	 				 		 		
	_				 				
Tell us about you									
		gender	እ <u>የ</u>	SPAYED/	DECLAWED			RFAS	SON FOR DECEASED
SPECIES/BREED	NAME	AGE		NEUTERED	(CATS)			ASED PET/REHOMING OF PET	
					ļ				
			-		!			<u> </u>	
ļ						 		 	
					ļ				
		<u> </u>						 	
Please list each v									IT'S NAME UNDER
		NAME OF VETERINARIAN(S) DEALT WITH		16667.1	TELEPHONE NUMBER		WHICH THE PET'S RECORDS ARE LISTED		
					1				
**In order for us previous pets. Th							-		