

In order to be considered for an adoption, you must: be 18 years of age; have the knowledge and consent of all adults living in your household; provide valid identification with your current address; and provide the name and phone number of your landlord/superintendent/management company in a condo or rental situation.

The information provided here will help us find the best match for you and your family.

| Section 1 | | | | |
|--|-----|--|--|--------------|
| Name | | Home Phone Number | Work Phone Number | |
| Address | | City | Postal Code | |
| Are you <input type="checkbox"/> Attending School <input type="checkbox"/> Working <input type="checkbox"/> Retired <input type="checkbox"/> Other (<i>specify</i>) | | | | |
| Living Arrangements | | | | |
| <input type="checkbox"/> House <input type="checkbox"/> Apartment (<i>Indicate Floor</i>) <input type="checkbox"/> Town House <input type="checkbox"/> Shared Accommodation <input type="checkbox"/> Semi-detached | | | | |
| Do you <input type="checkbox"/> Live with Parents <input type="checkbox"/> Own <input type="checkbox"/> Rent | | | How long have you lived at your current address? | |
| Landlord/Superintendent's Name | | | Phone Number | |
| Section 2 | | | | |
| Please tell us the following | | | | |
| Number of adults in the household | | Number of children in household and their ages | | |
| Which household member will have primary responsibility for care of the new pet? | | | Does anyone in your home have allergies to pets? | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Check any/all of the following that apply to the reasons why you would like to adopt a cat from us | | | | |
| <input type="checkbox"/> Companion for person <input type="checkbox"/> Companion for other pet <input type="checkbox"/> Breeding <input type="checkbox"/> Gift <input type="checkbox"/> For a School | | | | |
| <input type="checkbox"/> For a Special Needs Facility <input type="checkbox"/> For a Retirement Residence <input type="checkbox"/> For a Barn <input type="checkbox"/> For a Child <input type="checkbox"/> Mouser | | | | |
| <input type="checkbox"/> Other (<i>Specify</i>) | | | | |
| What type(s) of pet(s) do you own, or have owned, during the past five years? | | | | |
| Type/Breed | Age | Sex (Spayed/Neutered) | Vaccination Date | Still Own |
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| Name of Veterinarian | | Name of Veterinarian Clinic | | Phone Number |
| How often are you prepared to take your pet to the veterinarian? | | How much do you expect that you will spend yearly to feed, vaccinate, license, and provide medical care for your pet? \$ | | |
| <input type="checkbox"/> Once a year <input type="checkbox"/> As required | | | | |
| If you go on vacation, what will you do with your pet? | | If you move, what will you do with your pet? | | |
| Describe your home atmosphere | | | Do you plan to spay or neuter your pet? | |
| <input type="checkbox"/> Grand Central Station <input type="checkbox"/> Some Activity <input type="checkbox"/> Very Quiet | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Section 3

Indicate what you feel your level of "Cat Experience" is

 First-time Owner Have had one or two cats Knowledgeable and Experienced

How long will the cat be alone each day?

 Not at all 4 to 6 hours 8 hours plus

Will your cat be allowed outside?

 Yes No

If your cat is outside will it be

 On leash In cat enclosure Allowed to wander wherever it wants In the backyard

Do you have a fenced yard?

 Yes No
Describe **your ideal** cat**Adult Size**
 Small/Medium (0–12 lbs) Medium/Large (13–20 lbs) No Preference
Coat
 Short Medium Long No Preference
Age
 2–4 months 4–12 months 1–3 years No Preference
Activity Level
 Low Medium High
Sex
 Male Female No Preference

Breed or Type Preferred

Are you prepared for an adjustment period of at least two weeks?

Note: Adjustment issues may include: vocalization (especially at night), door dashing, scratching furniture, not eating/over eating, hiding, and conflicts with other pets.
 Yes No
Section 4

I certify that the information I have given is true and that any misrepresentation of facts may result in my losing the privilege of adopting a pet. I understand that the Corporation of the Municipality of Clarington has the right to deny my request to adopt an animal. I authorize the investigation of all statements in this application. I understand that this application is the property of the Corporation of the Municipality of Clarington.

Signature

Date

For Office Use Only

Accept

Refuse

Date

Staff Name

Animal File Number

Species

Description

Breed

Sex

Age

Comments