



How many people reside in your household? \_\_\_\_\_

Are you currently employed?      Yes       No

If yes, please provide the name of your employer \_\_\_\_\_

How long have you been employed at your current place of work? \_\_\_\_\_

Do you have children? \_\_\_\_\_

If yes, please provide ages: \_\_\_\_\_

Your current living situation is best described as:

Single-family home       Townhouse       Condominium/Apartment

Mobile Home       Other: \_\_\_\_\_

Are you renting?       Yes       No

If yes, do you have permission of your landlord to own an animal?       Yes  No

If renting, please provide landlord's name and phone # : \_\_\_\_\_

If renting, **you must provide a written letter of consent from your landlord and affix to this application prior to submission.**

If strata, what are the rules pertaining to animals? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If strata, **you must provide a copy of your strata contract and affix to this application prior to submission.**

How long have you lived at your current residence? \_\_\_\_\_

Do you plan on moving in the next 6months? \_\_\_\_\_

Do any of the resident in your household have allergies to cats? If yes, please describe severity and how you plan to cope with the allergies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have all the residents of the household met the animal you are applying for?

Yes       No

For whom are you adopting this pet?     Yourself     Gift     Other

How long have you been considering adopting a pet? \_\_\_\_\_

What do you feel are the biggest responsibilities in owning a cat? \_\_\_\_\_

\_\_\_\_\_

How much money do you estimate you will spend in the first year of owing a cat

Medical: \_\_\_\_\_ Food and Supplies: \_\_\_\_\_ Misc. and Other: \_\_\_\_\_

How much money **exactly** are you willing to spend in the event of an emergency (such as if the animal is hit by a car)? \_\_\_\_\_

Do you plan on purchasing pet insurance?     Yes     No

Who will be the primary caregiver for the pet? \_\_\_\_\_

What brand name food will you feed the cat? \_\_\_\_\_

Will the cat be declawed?     Yes     No

Where will the cat be: (i.e. outside, inside your dwelling, crated, in a pen etc.)

When you are **at home**? \_\_\_\_\_

When you are **away** (at work etc.) ? \_\_\_\_\_

When you are **on vacation**? \_\_\_\_\_

Where will the cat sleep at night? \_\_\_\_\_

Will your cat be:  Indoor  Outdoor  Indoor/Outdoor:

Do you have or will you be installing a cat door?  Yes  No

How many hours will the cat be left alone during the day? \_\_\_\_\_

Do you currently own any other animals?  Yes  No

If yes, please indicate the following:

	Type of Pet	Age	Name	Altered?	Vaccinated?
1					
2					
3					
4					

If pets not altered, please explain why: \_\_\_\_\_

\_\_\_\_\_

If pets not vaccinated, please indicate why: \_\_\_\_\_

\_\_\_\_\_

Do any of your current animals have notable medical conditions? If so, please explain:

\_\_\_\_\_

Have you owned animals in the past?  Yes  No

If yes, please indicate the following:

	Type of Pet	Age	Name	Cause of death
1				
2				
3				
4				

Have you ever surrendered an animal to an animal shelter before? If yes, please explain in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Under what circumstances would you not keep this cat? \_\_\_\_\_

What would you do if you could no longer take care of the cat? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you arrived home and the cat had defecated or urinated in the house, how would you handle this and what would you do to prevent future occurrences? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you discovered that the cat was clawing a piece of new or expensive furniture, what

would you do and what measures would be taken to deter this behaviour? \_\_\_\_\_

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Provide the name and phone number of your veterinarian for previous and/or current  
Pets. **If you have animals but no regular vet**, please explain why: \_\_\_\_\_

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Provide the name and phone number of a personal reference – **not a family member**:

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**Thank you for taking the time to complete this application in full.**

**All applications are reviewed by a minimum of two Animal Services Officers and the  
approximate processing time is 24-72 hours.**

**FOR STAFF USE ONLY:**

Staff Notes

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Application Approved:  Yes  No Staff Initial: \_\_\_\_\_

Yes  No Staff initial: \_\_\_\_\_

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