

DATE RECEIVED: _____

CAT ADOPTION APPLICATION

We carefully screen each applicant to ensure that our animals are matched with the right guardian and best possible home. An incomplete application will not be processed.

Please note that this application will be filed as property of the City of New Westminster once submitted. This application will be reviewed our Animal Services staff members and it will take approximately 72 hours to be processed. We reserve the right to decline applications for any reason.

CAT'S NAME: _____

APPLICANT INFORMATION

1) First Name: _____ Last Name: _____

2) First Name: _____ Last Name: _____

Street Address: _____

City: _____ Postal Code: _____ Email address: _____

Home Phone: _____ Mobile phone: _____

Applicant age (s): 19-30 31-40 41-50 51-60 61-70 71+What do you do? Student Employed Retired Other: _____If employed, do you work: At home Shift work Part time Full time Other: _____**HOUSEHOLD INFORMATION:**

1) How long have you lived in your current home? _____

Type of home:

House Townhouse Apartment/Condo Suite in House Other 2) Do you own or rent your home? Own Rent

***If renting, you must provide landlord contact information and/or written approval or we cannot process the application.** Completed? Yes No Not Applicable

Landlord contact Information: _____

****If strata (rent or own), you must attach a copy of the bylaws regarding pets or we cannot process the application.** Completed? Yes No Not Applicable

- 3) Describe the activity of your household in the context of residents and lifestyle.
 Very quiet Not very busy Moderately busy Very busy
- 4) Do you have children between ages 0-18? No Yes, please state ages: _____
- 5) Do you have many visitors to the house (children, grandchildren, etc.)? Yes No
- 6) Do you plan on moving in the next 6 months? Yes No
- 7) Are you planning on any vacations in the next 2 months? Yes No
- 8) How many people reside in your household? _____
- 9) Has everyone in your household met the cat? Yes No
- 10) Do any household members have animal-related allergies? Yes No
- If yes, how they will cope with their allergies? _____
- _____
- 11) Are all household members aware and in agreement with adopting a cat?
 Yes No *If no*, please explain: _____

GENERAL INQUIRY

- 12) Who will be the primary caregiver for the pet? Myself Partner Other: _____
- 13) How long have you been considering adopting a cat? _____
- 14) What do you feel are the biggest responsibilities in owning a cat? _____
- _____

Please indicate what characteristics you are looking for in a cat:	Yes, always	Sometimes	No, not important	Doesn't matter
Friendly with visitors to the house				
Friendly with children				
Enjoys to be petted				
Independent				
Active/playful/ high energy				
Social/outgoing				
Calm/quiet/ low energy				

LIFESTYLE LOGISTICS

15) As an estimate, how much money will you spend on the cat **annually**?

Vet Checkups: _____ Food/Supplies: _____ Miscellaneous (Groomers): _____

16) In case of a **medical emergency**, how much are you willing to spend on the cat?

\$0-\$750 \$750-\$1,500 \$1,500-\$3,000 \$3,000+

17) Do you plan on purchasing pet insurance? Yes No

18) What brand name food will you feed the cat? _____

19) The cat will be declawed: Yes No

20) How many hours will the cat be left alone: On weekdays? _____ On weekends? _____

21) Where will the cat be when you are on vacation?

With family members With friends Boarding Services Coming with you Other: _____

22) The cat will be:

Indoor-only Indoor/Outdoor, supervised Indoor/Outdoor, free to roam Whatever cat prefers

23) If your cat is free to roam outside, what are the dangers in your community of unsupervised outdoor cats? _____

24) If your cat is indoor-only, what will you do to ensure the cat is mentally stimulated and entertained?

25) The cat has scratched your furniture. How would you address this kind of behavior? _____

26) The cat had defecated or urinated in the house. How would you address this kind of behavior?

27) What behaviors/obstacles are you willing to work with? If applicable, check more than one.

- Dietary Issues
 Scratching furniture/upholstery
 Fearful/Shyness
 Medical conditions
 Spraying/Marking
 Aggression with other household pets
 Mouthy/bites

28) Under what circumstance(s) would you not keep this cat? If applicable, check more than one.

- Inappropriate toileting in the house
 Aggression towards people
 Too many household pets
 Pregnancy in the family
 Divorce in the family
 Unable to give enough time to the cat
 Relocation
 Vet Bills (too expensive)
 Personal Medical Reasons
 Other: _____

29) What would you do if you could no longer take care of the cat?

- Return it to the shelter
 Rehome with friends or family
 Other: _____

ANIMAL EXPERIENCE

30) Do you currently have any pets? Yes No

	Name	Type of pet (if dog, specify breed)	Age	Altered? (Spay/Neuter)	Regularly Vaccinated?
1					
2					
3					
4					
5					

31) If pets not altered or vaccinated regularly, please explain why: _____

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

33) What is your plan for introducing the cat to your current animals at home? _____

34) As an adult, have you previously had any pets? Yes No

If yes, please indicate the following:

	Type of Pet	Age	Name	Where are they now? What happened?
1				
2				
3				
4				

35) Have you ever rehomed or surrendered a pet before? Yes No

If yes, please explain why: _____

REFERENCES

Please provide the name and phone number of your veterinarian for previous and/or current pets. **If you don't have a regular vet**, please explain why: _____

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

Thank you for taking the time to complete this application.

I consent that the information provided on this application is true and comprehensive, and that I am at least 19 years of age. I consent to the NWS staff phoning the references provided above.

Signature

Date

***Pending approval**, when are you available to pick up the cat: _____

FOR STAFF USE ONLY:

Staff: please record date and your initials

Personal Reference: _____

Veterinary Reference(s): _____

Staff Notes/Observations: _____

Communication with Applicant: _____

Call back date: _____

Application Approved: Yes No Staff Initial: _____

Yes No Staff initial: _____