



## Cat Adoption Application

Name of the Cat: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Please note that this application will be filed as property of the NHS once submitted. This application will be reviewed by our staff members and it may take up to a week to be processed. We reserve the right to decline applications for any reason.**

**To be considered for an adoption you must:**

- Have the knowledge and consent of all members of your household.
- Be 18 years of age.
- Have a valid I.D and a current address.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Are you:**  attending school  working full-time  part-time  retired

Other (please specify) \_\_\_\_\_

2363 Theatre Road, Cobourg, ON K9A 4W5  
Phone: 905-885-4131, Fax: 905-885-8027

[info@northumberlandhs.com](mailto:info@northumberlandhs.com) [www.northumberlandhs.com](http://www.northumberlandhs.com)

**Do you:**  Own  Rent  Other (please specify) \_\_\_\_\_

If renting you must provide landlord contact information and/or written approval *or we cannot process the application:* \_\_\_\_\_

Yes  No  Not applicable

**How many adults are in your household?** \_\_\_\_\_

**Are your children between 0 to 18? If yes, please state ages of your kids** \_\_\_\_\_

**Do you have frequent visitors at the house (children, grandchildren, etc.)?**

Yes  No

### **Animal History Questionnaire**

**Is anyone in your household allergic to animals?**  Yes  No

**Please tell us about your pet experience with past and present pets?** *(Please list them, with their names, ages and whether or not they are spayed or neutered, date of last vet visit and if they are currently in the household).*

---

---

**Please provide your veterinarian's name and phone number that you have used or are planning to use if you have not had one before.** *(If you have used more than 1 vet, please list all that apply, with phone numbers if possible)*

---

**Have you ever had to give up or rehome a pet? If so, what were the circumstances?**

---

**Please explain your reasons for adopting a pet today and what your ideal pet would be:**

---

**If you go on vacation, what will you do with your pet?**

---

2363 Theatre Road, Cobourg, ON K9A 4W5  
Phone: 905-885-4131, Fax: 905-885-8027

[info@northumberlandhs.com](mailto:info@northumberlandhs.com) [www.northumberlandhs.com](http://www.northumberlandhs.com)

**How many hours will you leave the pet left alone?**

\_\_\_on weekdays? \_\_\_on weekends?

**Please describe the activity level in your home:**

- Very busy
- Somewhat busy
- Quiet

**About the Cat you would like to Adopt**

**What temperament are you looking for in a cat? (check all that apply):**

- Likes other dogs
- Likes other cats
- Good with kids
- Likes strangers
- Is playful
- Is quite
- Is calm
- Is energetic
- Enjoies being held

**Why would you like to adopt this cat?**

- Companion to person
- Companion to another pet
- For a child
- Surprise/Gift
- Other\_\_\_\_\_

**What is your plan of introducing your cat to your current animals at home?**

\_\_\_\_\_

Some of our animals needing homes are from unstable backgrounds and may have some behavioural problems. **How will you help your new pet adjust to their new home and family? Please provide all the steps you will take to help them become comfortable:**

\_\_\_\_\_

\_\_\_\_\_

**Would you ever return a cat for the following reasons?**

*If applicable, check more than 1:*

- Not good with other pets
- Not good with children
- Allergies
- Moving
- Too energetic
- Shedding
- Scratching
- Failure to use the litter box
- Other:\_\_\_\_\_

**Do you plan on purchasing pet insurance?**      \_Yes    \_No

I certify that the information I have given is true and I authorize investigation of all statements in this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Feel free to add any additional information that you  
feel would help us fit you with the best matched pet!**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---