



Adoption Application

The information you provide in this application will be kept confidential and will help us make a good match.

Name of potential adopter(s) _____

Age _____ Occupation/Where do you work: _____ How many adults in the home: _____

Phone (day) _____ (evening) _____ (cellular) _____

Address _____

E-mail address: _____ Number of children in home _____ Ages _____

Which cat are you interested in? _____

Why do you want a cat? _____

Have your children lived with cats? Yes No N/A Was it successful? _____

Explain _____

Does any member of your household have an allergy to cats (explain)? _____

Why do you want to adopt a cat? _____

Would this be your first cat or pet? Yes No Explain _____

What happened to the cats or dogs you no longer have? (If deceased, state cause and circumstances of death.) _____

Have you ever asked any rescue or shelter to take an animal? Explain _____

How many cats do you currently have? _____ Ages? _____ Dogs? _____ Other? _____

Where did your pets come from? _____

Has your current pet ever been around cats? Yes No Behavior around cats? _____

How will you introduce the new cat to your other pets? _____

Have your cats been vet checked? Yes No Results? _____

Do your cats have any health or behavior problems? Explain _____

Have your current or previous cats been declawed? Yes No Explain _____

Do you intend to declaw your new cat? Yes No Don't know

Are your current pet(s) spayed/neutered? Yes No

Do you keep your current cat(s) indoors outdoors both? Explain _____

Will you keep your new cat indoors outdoors both? Explain _____

Where will your new cat spend its days? (*Delete all that do not apply.*) Indoors Outdoors Crated
Basement Garage Porch Yard Barn Locked in room Free run of house

Where will the cat be when everyone is sleeping? (*Delete all that do not apply.*) Indoors Outdoors Crated
Basement Garage Kitchen Barn Locked in room Free run of house Bedroom In a person's bed

Is someone home during the day? Yes No Explain _____

Approximately how many hours a day will the cat be alone? _____

If you go away (work travel, weekend, vacations, etc.) who will take care of the pet? _____

Do you own or rent your home (check one)? Type of home? Single home Apartment Condo
 Townhouse Duplex Mobile home Other _____

If you rent, do you have written permission from your landlord to have a cat? Yes No N/A

Are there any restrictions regarding pets in your lease or community? _____

Have you thought about how life changes such as the following could affect your ability to keep or care for this pet: having a baby, moving, marrying, going to college, getting a roommate, getting new furniture or rugs, divorcing, changing work hours or commuting time, adopting other pets? _____

Are you committed to keeping this cat until he/she dies due to old age/illness (sometimes 10-20 years) even if your family, life, job changes or you have to move? _____

I attest that all the information contained in this application is true and correct. I agree to return my cat to Spay Day if the adoption is not found to be favorable to either me or the cat.

Signature _____ Date _____

Additional Information: _____

Send by email to: Spaydaynovascotia@gmail.com or by mail to: 40 Lier Ridge, Halifax B3P 0C7
Contact: Linda cell 877-1578 home 425-3983