

	CS – Cat Adoption Questionnaire	Community Services
	Cat Adoption Questionnaire Cat applying for: _____	

Applicant	SECTION 1
Name _____	
Are you 18 years of age or older?: Yes No	
Address _____	
City/Town _____ Postal _____	
Telephone (home) _____ (work) _____ (cell) _____	
Email _____	
How long have you been at your current address? _____	
Do you own or rent the property?: Own Rent* <small>*If you rent, you must provide a letter from your landlord</small>	
How were you referred to Humane Services _____	
Are you currently employed?: Full Time Part Time Unemployed	

Family/Household Information	SECTION 2
Number of adults in the household _____	
Have all adults agreed to the adoption?: Yes No	
Number of children in the household _____ Ages of children _____	
Is anyone in the household allergic to pets?: Yes No	

Pet Information	SECTION 3				
Pet History					
Name	Breed	Age	Gender	Spayed or neutered	Where is it now?
			M F	Yes No	
			M F	Yes No	
			M F	Yes No	

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Pet Information continued	SECTION 3
<p>Have you ever given an animal away or relinquished an animal to a shelter?: Yes No</p> <p>If yes, what were the circumstances?:</p>	
Veterinarian Information	SECTION 4
<p>Veterinary Clinic _____ Telephone number _____</p> <p>When was your current pet's last visit to a veterinarian and why?</p>	
<p>Would you allow us to check your previous veterinary records?: Yes No</p>	
Reason for Adoption (check all that apply)	SECTION 5
<p>Companion: For Self For Child For Another Pet For Another Household Member</p> <p>Other: Barn Cat Gift Mouser</p>	
New Pet Information	SECTION 6
<p>Are you able to afford emergency veterinary care?: Yes No</p> <p>Will your cat be: Indoor Outdoor Do you have a cat door?: Yes No</p> <p>Would you agree to a post-adoption home visit?: Yes No</p>	
References	SECTION 7
<p>Name _____ Relationship _____ Phone # _____</p> <p>Name _____ Relationship _____ Phone # _____</p>	

CS – Cat Adoption Questionnaire**Community Services****Declaration – To Be Completed by Applicant****SECTION 8**

By signing below, I certify that the information I have given is true. I further acknowledge that I am at least 18 years of age. I understand that Humane Services reserves the rights to deny my application for any reason and that the goal of the City is to place the pet with the most suitable applicant and is not first come, first served. I also understand that questionnaires will be processed within 3 business days.

Applicant Signature _____ Date _____

Office Use Only**SECTION 9**

Date _____ Interviewed by _____

Approved by _____ Declined by _____ Rating _____

Comments

Supervisor's Signature _____ Date _____

Privacy Notice**SECTION 10**

Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed for the purpose of adoption approval. Questions about the collection and use of the information may be directed to Manager of Humane Services at humaneservices@stjohns.ca

The completed form and supporting documentation can be delivered in person during normal working hours to: Humane Services – 81 Higgins Line

Please send completed form and supporting documentation to:

Humane Services
P.O. Box 908
St. John's, NL A1C 5M2

For further information:
Phone: 709-576-6126

Email: humaneservices@stjohns.ca

Email:
Humaneservices@stjohns.ca

ST. JOHN'S

NEWFOUNDLAND AND LABRADOR, CANADA