

MISSISSAUGA HUMANE SOCIETY

APPLICATION FOR KITTEN/CAT ADOPTIONS

info@mississaugahumanesociety.com

PERSONAL INFORMATION

Name of Kitten/Cat you want to adopt: _____

Name of Applicant: _____ Tel No _____

Address: _____ Apt : _____

City _____ Postal Code: _____

Email Address _____

Alternate (Emergency) Name and Number:

Name _____ Tel No. _____

Please list Names, ages, relationships and occupations of all member of your household:

First and last Name	Age	Relationship to Applicant	Occupation		
			<input type="checkbox"/> Working	<input type="checkbox"/> Student	<input type="checkbox"/> Other
			<input type="checkbox"/> Working	<input type="checkbox"/> Student	<input type="checkbox"/> Other
			<input type="checkbox"/> Working	<input type="checkbox"/> Student	<input type="checkbox"/> Other
			<input type="checkbox"/> Working	<input type="checkbox"/> Student	<input type="checkbox"/> Other
			<input type="checkbox"/> Working	<input type="checkbox"/> Student	<input type="checkbox"/> Other

QUESTIONNAIRE FOR KITTEN/CAT ADOPTIONS

1. Why do you want a cat? _____

2. Is this cat for yourself or someone else? _____

3. Are you able to be committed to taking care of the cat for the rest of its life? _____
(Please consider that the average life expectancy for an indoor cat is 15 years)

4. Will the cat be kept indoors, outdoors, or both? _____

5. Will you be willing to play and socialise with the cat at least once a day? _____

6. How many hours will your cat be left alone at home usually? _____

7. Do you live in a room, house, a townhouse or an apartment? _____

8. Do you own or rent your residence? _____ If rented, are pets allowed in your residence? _____

9. Do you anticipate change of your lifestyle and/or family situation in the next few years? If so, what?

10. a) Is everyone in the household interested in having a new animal in the home? _____

If no, please explain _____

b) Does anyone in your home suffer from allergies? _____

c) Does anyone in your home smoke? If so, please indicate who smokes and where they usually smoke.

11. a) Please list your current and previous pets, including deceased pets.

Breed/Type	Age	Gender (Circle)	Neutered or Spayed	Declawed	Indoor or Outdoor	Where is your Pet Now? (Please circle)
		M F	Yes No	Yes No	In Out Both	Still Own Deceased Missing Gave Away Other _____
		M F	Yes No	Yes No	In Out Both	Still Own Deceased Missing Gave Away Other _____
		M F	Yes No	Yes No	In Out Both	Still Own Deceased Missing Gave Away Other _____
		M F	Yes No	Yes No	In Out Both	Still Own Deceased Missing Gave Away Other _____

b) If not still owned, please explain what happened. _____

12. What issues have you had during past experiences with animals that have caused you difficulty?

13. Please describe what you feel are the basic requirements for a cat and how you will be a responsible pet owner.

NOTE 1: Plastic dish material can cause an allergic chin rash and/or harbour bacteria. Please use stainless steel or ceramic for all dishes.

NOTE 2: Kittens should use non-clumping litter for approximately 7 months. Always non-scented.

NOTE 3: Our kittens/cats have been fed quality dry and wet food. (Please inquire for food brand suggestions).

NOTE 4: Adopting an animal comes with a one-time fee, but your pet's needs will be ongoing. Having a pet could cost you over **\$1,000** in the first year, and well over **\$500** each additional year. Depending on the food you buy and your actual medical expenses, the costs could be much higher. This does not include costs for major medical conditions.

14. Do you have the financial ability to ensure that your pet is kept healthy? What if your pet becomes ill, or is injured? How will you be able to cover those costs?

15. What type of food diet/brand have you or do you anticipate feeding your kitten/cat?

16. Do you have a veterinarian _____ If so, please let the vet know in advance that a representative from MHS will be calling.

Name of vet and clinic: _____ Phone: _____

