



PLEASE PRINT

Department of Community Services

CAT ADOPTION QUESTIONNAIRE
Pet you are applying for _____

APPLICANT

SECTION 1

Last Name _____ First Name _____

Are you 19 years of age or older Yes No

Address _____

City/Town _____ Postal Code _____

Telephone (home) _____ (work) _____ (cell) _____

E-mail Address _____

Do you own or rent your property? Own Rent How long have you been at current address? _____

If you rent, please provide landlord's name _____ Landlord's phone _____

Would you be able to provide a letter from your landlord? Yes No

How were you referred to Humane Services? _____

Are you currently employed? Full Time _____ Part Time _____

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 _____

Have the children had pets before? Yes No Is anyone in the household allergic to pets? Yes No

PET INFORMATION

SECTION 3

If you currently have pets or have had them in the past, complete the following:

| Name | Breed | Age | Gender | Spayed/Neutered | Where is it now? |
|-------|-------|-------|---|---|------------------|
| _____ | _____ | _____ | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Y <input type="checkbox"/> N | _____ |
| _____ | _____ | _____ | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Y <input type="checkbox"/> N | _____ |
| _____ | _____ | _____ | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Y <input type="checkbox"/> N | _____ |
| _____ | _____ | _____ | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Y <input type="checkbox"/> N | _____ |

Have you ever given an animal away or relinquished an animal to a shelter? Yes No

If yes, what were the circumstances? _____

VETERINARIAN INFORMATION

SECTION 4

Veterinarian's Name _____ Veterinarian's Phone _____

When was your current pet's last visit to a veterinarian and why? _____

Would you allow us to check your previous veterinary records? Yes No



NEWFOUNDLAND AND LABRADOR, CANADA

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|--|---|
| Cat Adoption Questionnaire | Department of Community Services |
| REASON FOR ADOPTION (check all that apply) | SECTION 5 |
| Companion: <input type="checkbox"/> for self <input type="checkbox"/> for child <input type="checkbox"/> for another pet <input type="checkbox"/> for another household member Other: <input type="checkbox"/> barn cat <input type="checkbox"/> gift <input type="checkbox"/> mouser | |
| NEW PET INFORMATION | SECTION 6 |
| How long have you been looking for a pet? _____ Where have you applied? _____ Are you able to afford emergency veterinary care? <input type="checkbox"/> Yes <input type="checkbox"/> No Will your cat be: <input type="checkbox"/> indoor <input type="checkbox"/> outdoor <input type="checkbox"/> Indoor/outdoor Do you have a cat door? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you plan to spay/neuter your cat? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you plan to vaccinate your cat? <input type="checkbox"/> Yes <input type="checkbox"/> No Would you agree to a post-adoption home visit? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| REFERENCES | SECTION 7 |
| 1. Name _____ Relationship _____ Phone # _____ 2. Name _____ Relationship _____ Phone # _____ | |
| 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 19 years of age. I understand that Humane Services reserves the right 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-serve. I also understand that questionnaires will be processed within 3 business days and I may be required to leave \$100 to \$200 deposit at my veterinarian towards surgery costs. Applicant _____ Date (yyyy-mm-dd) _____ | |
| OFFICE USE ONLY | SECTION 9 |
| Date (yyyy/mm/dd) _____ Interviewed by _____ <input type="checkbox"/> Approved by _____ <input type="checkbox"/> Declined by _____ Rating _____ Comments _____ Supervisor's Signature _____ Date (yyyy/mm/dd) _____ | |
| <p>The completed form and supporting documentation can be delivered to Humane Service, 81 Higgins Line during normal working hours or mailed to the address noted below.</p> <p style="margin-left: 100px;">Humane Services P.O. Box 908, 81 Higgins Line St. John's NL A1C 5M2</p> <p style="margin-left: 100px;">For additional information please visit Access St. John's Call: 311 Where 311 is unavailable, call 709-754-CITY (2489) E-mail: humaneservices@stjohns.ca Call Humane Services 576-6126 Monday-Friday Noon – 4 PM, Sat-Sun 3-5 PM</p> | |