



CITY OF DELTA

Delta Community Animal Shelter

7505 Hopcott Road, Delta, BC V6G 1B7

Tel. No. 604-940-7111 Fax. No. 604-940-7799 Email: dcas@delta.ca

deltacommunityanimalshelter.ca

Cat & Kitten Adoption Questionnaire

Many factors go into finding a suitable pet for your home. This application gives DCAS staff an opportunity to ensure you are matched appropriately with a companion pet that will make you happy for a life time. It's important for you to feel like you have found the right cat for your family, but also important to ensure the animals have found a forever home.

CONTACT INFORMATION

Full Name _____ Date _____

Address _____

City _____ Postal Code _____

Phone # _____ Alternate # _____

Email _____

I would like to be made aware by email of upcoming fundraisers or shelter events: Yes No

ABOUT ME

I am interested in adopting *name of cat (s)* _____

Why are you interested in this cat? _____

How long have you been thinking about adopting a pet cat? _____

Have you had a pet cat before? _____

If not, have you researched this kind of pet? What did you learn about them?

ABOUT MY HOME

Number adults in the home? _____ Number of children? _____ Their ages? _____

Has everyone in the home met the cat(s) you are applying to adopt? Yes No

What type of home do you live in? House Condo Townhome

Farm Trailer Other

Do you own, rent or belong to a strata? _____

If you rent or belong to a strata, are you allowed to keep a cat as a pet? Yes No

If you belong to a strata or have a landlord, please provide their name and phone number:

Name _____ Phone Number _____

How many other pets do you have in the home? 1 2 3 4 5 6 or more

What type of pets do you have? Dogs Cats Rabbits Birds Guinea Pigs Rodents Reptiles

What are your pet's names?

Please provide contact information for your regular veterinarian:

Clinic Name _____ Phone Number _____

Does anyone in your home suffer from allergies to pets or other things? (Ex: hay) Yes No

If you answered yes, how will you manage the allergies? _____

ABOUT MY NEW CAT

I want my new cat to enjoy being held Sometimes Most of the time No preference

I want my cat to have a Low energy level Moderate activity level High activity level

I prefer my cat to be Quiet Talkative No preference

I'm comfortable with a cat that likes to chase ankles and similar games No Yes No preference

I would like my cat to interact with my visitors Not at all/little of the time Most of the time All the time

I am ok with having a boisterous cat who gets into things I'd rather they not Depends on the situation Fine by me!

It is most important to me that my new cat: _____

How many hours per day will you be able to spend with your new cat? _____

Where will they be housed: Inside Outside Inside with access outside Other _____

What kind of enrichment will you provide your cat(s)? _____

What food/diet does this animal require? _____

What do you think annual vet care will cost for your cat(s)? _____

What circumstances would cause you to return or re-home this pet? *Please check all that apply*

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Moving | <input type="checkbox"/> High cost of animal or vet care | <input type="checkbox"/> Inappropriate Urination/defecation | <input type="checkbox"/> Doesn't get along with other pets |
| <input type="checkbox"/> Change in relationship | <input type="checkbox"/> Scratching/biting | <input type="checkbox"/> Excessive Vocalisation | <input type="checkbox"/> Clawing Furniture |
| <input type="checkbox"/> Vacation | <input type="checkbox"/> Poor mouser | <input type="checkbox"/> Allergies | <input type="checkbox"/> New baby |

Other *please explain* _____

ACKNOWLEDGEMENT

Would you be willing to let a representative of DCAS visit your home by appointment? Yes No

Have you ever been charged with neglect or cruelty to animals? Yes No

Have you ever surrendered a pet to a shelter or rescue organisation? No Yes why _____

APPLICANT SIGNATURE: _____

Received by _____ Date _____ Time _____

First App Second App Third App Fourth App Fifth App

Processed by _____ Date _____

Reference Questions:

1. How long have you known the applicant?
2. How do you think the applicant would respond if their new kitten/cat became sick?
3. As far as you know, could they afford medical expenses should they arise?
4. Do you think the applicant will have enough time for their new kitten/cat?
5. Does the applicant own any other animals? Have these animals lived with cats in the past?
6. What level of care do you feel these animals are getting?
7. Have they ever personally owned a kitten/cat before (if applicable)?
8. Do you believe the applicants have taken the time to research/prepare for a new kitten/cat?
9. Do you own any animals yourself? Would you consider letting the applicant take care of your animals?
10. Any further comments or concerns?

Reference #1 Name: _____ Relationship: _____

Notes: _____

Reference #2 Name: _____ Relationship: _____

Notes: _____

Veterinary Reference

Clinic Name: _____ Representative Name: _____

Notes: _____

Always follow recommendations? Yes No Current pets up to date on vaccinations? Yes No

Home Owners Landlord Approval Strata Agreement Tempest Check Dog Intro

Status: Approved Not Approved Reason: _____

Tentative P/U Date _____ Comments _____

