



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

Feral Cat Adoption Questionnaire

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 adopting a feral cat? _____

Have you cared for a feral cat before? _____

If not, have you researched caring for one? What did you learn about them? _____

What responsibilities come along with caring for a feral cat(s)? _____

Are you aware that you will be responsible for ensuring the health and safety of the cat, as well as providing veterinary care at your own cost? Yes No

Please provide contact information for your regular veterinarian:

Clinic Name: _____ Phone Number: _____

ABOUT THE HOME

Who will be the primary caregiver for this cat? _____

What type of home will the cat live in? House Barn Shop/Warehouse
 Farm Trailer Other

What is the address of where the cat will live? _____

If the cat's home is different than the primary caregiver's address, how often will they go by? Will someone else be on site to care for the cat in their absence? Please explain: _____

Please describe where the animal will live: _____

Do you have an area that can be the cat's feeding station and place of shelter/safety? Yes No

Please describe this area: _____

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

What will you do if the cat becomes injured or ill? _____

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

- Moving High cost of animal or vet care Change in relationship Doesn't get along with other pets
 Vacation Aggression Allergies Closing Business

Please list any other animals this cat will come in contact with:

Name: _____ Species: _____ Feral Cat? Yes No

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Name: _____ Species: _____ Feral Cat? Yes No

Name: _____ Species: _____ Feral Cat? Yes No

Name: _____ Species: _____ Feral Cat? Yes No

Have you had feral cats at this property before? Yes No

If you answered yes, what happened to them? _____

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/rescue organisation? No Yes *why* _____

APPLICANT SIGNATURE: _____

Received by _____ Date _____ Time _____

Processed by _____ Date _____

Status: Approved Not Approved Reason _____

Tentative P/U Date _____ Comments _____