



MEDICINE HAT SPCA CAT ADOPTION QUESTIONNAIRE

DATE: _____ PET'S NAME: _____ FILE #: _____

We are glad to have you come to adopt a new pet from our facility. The consultation process is designed to help us determine if the adoption is in the animal's best interest and to assist you in finding an animal most compatible with your lifestyle.

Name: _____ Street/Mailing Address: _____

City: _____ Province: _____ Postal Code: _____
Phone: () _____ Cell: () _____ E-Mail: _____

Emergency Contact: _____ Phone: () _____ Cell: () _____

1. Are you working? Fulltime Part time Attending School Unemployed Retired

2. Living Arrangements: House Apartment Basement Apt Condo Dorm
 Town House Farm With Parents Other: _____

3. Do You: Own Your Home Rent

Landlord's Name: _____ Landlord's Phone: () _____

4. Are you adopting for yourself: Yes No Explain No: _____

5. Are you 18 years of age or older? Yes No

6. Is everyone in your household aware of the decision to get a pet? Yes No

7. Are there any children living at home: Yes No _____ 0-7 years _____ 8-17 years

8. Any visiting children? Yes No

9. How busy is your family's schedule? Very busy Busy Not busy

10. Please check all of the reasons for adopting a pet: Companion Family pet Breeding For A Child
 Company for another Pet Mouser For a Senior

11. Have you owned a pet before? Yes No Type: _____

12. If you no longer have it, what became of it? _____

13. Have you surrendered or given away a pet? Yes No If Yes, please explain why: _____

14. Have you adopted from us before? Yes No

15. Do you presently have any other animals? Yes No If yes, please list them below: _____

BREED	SEX	SPAYED/NEUTERED	AGE	WHERE DID YOU GET IT
1.				
2.				
3.				
4.				

16. Do you have a veterinarian? Yes No Name of Veterinarian Clinic: _____

17. Do you plan to take your new cat/kitten to a veterinarian for annual health checks? Yes No
18. Are you or any member of your family allergic to animals? Yes No
19. Will this animal wear identification tags? Yes No "We encourage ID Tags"
20. It may take your cat/kitten 2 - 3 weeks to adjust to their new home if other pets are involved. Are you prepared to allow it this much time to adjust? Yes No
21. On average, how many hours will your cat be alone on: Weekdays: _____ Weekends: _____
22. Who will have the primary responsibility for this cat? _____
23. What will you do with your cat when on vacation? _____
24. What will you do with this cat if you move? _____
25. Will this cat be mainly an indoor or outdoor pet? Indoor Outdoor Both
 If outdoor, when will it be inside? Never Always Sometimes Whenever it wants
 Only at night Only during the day
26. Are you ok with your cat/kitten potentially jumping on counters, tables etc.? Yes No
 If No, would you be willing to train the cat/kitten? Yes No _____
27. Are you ok with your cat/kitten potentially clawing furniture, yourself/family members etc.? Yes No
 If No, would you be willing to train the cat/kitten? Yes No
28. Cats are trained to use a litterbox, are you willing to clean the litterbox daily? Yes No
29. Are you prepared for the extra dirt and hair in your house? Yes No
30. What would you do if your cat no longer uses the litter box? Take to the Vet Change litter Move litter
 Give cat away Surrender cat Sell cat
31. Approximately how much do you think your cat will cost you per year? Vet/medical: _____
 Grooming: _____ Food: _____ Boarding: _____
32. Do you understand that this commitment last for the life of the pet? Yes No
33. Under what circumstances would you return your cat? Moving Too Costly New Baby Aggression
 Medical reasons Not Enough time Behaviour problems Other: _____

WE ENCOURAGE PET OWNERS TO KEEP CATS INDOORS. THEY ARE HEALTHIER, LIVE LONGER AND ARE INJURED LESS. SPCA CATS ARE ALREADY USED TO BEING INDOORS AS MOST HAVE BEEN IN THE SHELTER SEVERAL MONTHS BEFORE ADOPTION. UNDER THE ANIMAL PROTECTION BYLAWS, CATS WITHIN THE CITY LIMITS OF MEDICINE HAT ARE NOT PERMITTED OUTDOORS UNLESS ON A LEASH.

ALL PETS UP FOR ADOPTION ARE OWNED BY THE MEDICINE HAT SPCA AND AS SUCH, WE RESERVE THE RIGHT TO REFUSE ADOPTION TO ANYONE IF WE FEEL IT IS NOT IN THE BEST INTERESTS OF THE PET IN QUESTION.

I CERTIFY THAT THE ABOVE INFORMNATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE:

Signature _____ Date _____

Staff Signature _____ Date _____



THINK CAREFULLY ... CHOOSE WISELY ... LOVE DEEPLY!

