



Cat Adoption Questionnaire

Animal Name: _____

P#: _____ Adoption Date: _____

A#: _____ ACT Initials: _____

Approved

On Hold

Adopter Name: _____ Citizen / Perm. Resident / Student or Work Visa

Address: _____ Apt: _____ City: _____

Postal Code: _____ Phone: _____ Email: _____

Please answer the following questions to help us find the purrrfect match for you!

1. Why are you adopting a cat?

- Companion for myself / children / pet
- Rodent / pest control
- Culture / religion
- Gift for another person
- Replace a lost pet/ deceased pet
- Other (please specify):

2. What best describes your living environment?

- Apartment
- Condo
- House

3. In your household there are:

- | | # |
|---|-------|
| <input type="checkbox"/> Infant | _____ |
| <input type="checkbox"/> Young children (under 12) | _____ |
| <input type="checkbox"/> Mature children (12 – 17) | _____ |
| <input type="checkbox"/> Adults (18 – 64) | _____ |
| <input type="checkbox"/> Senior (64+) | _____ |
| <input type="checkbox"/> Cats | _____ |
| <input type="checkbox"/> Dogs | _____ |
| <input type="checkbox"/> Small animals | _____ |
| <input type="checkbox"/> Other (please specify): _____ | |

4. If you have roommates, have you addressed issues such as pet-related allergies and verified that they support your decision to adopt a pet?

- Yes
- No
- I live alone

5. I am prepared to adopt a cat with:

- No health issues
- A minor medical condition (e.g. FIV)
- A veterinary prescribed diet
- A condition requiring medication

6. How often do you plan to have your cat seen by a vet?

- When sick
- Twice per year
- Annually
- Once every 3 years

7. Where will the cat be housed?

- Indoors
- Indoors and outdoors
- Outdoors

8. Do you plan on declawing your cat?

- Yes
- No
- If someone gets scratched
- If the cat scratches my furniture
- Other (please specify):

9. What methods do you plan on using to train your cat?

- Spray bottle
- Positive reinforcement
- Physical reinforcement (e.g. tap on the nose)
- Clicker training
- "No" and point
- Other (please specify):

10. What enrichment do you plan on providing for your cat?

- Toys
- Interactive play
- Brushing / petting
- Scratching post
- Catnip / treats
- Walks
- Tricks / training
- Puzzles / brain games



Cat Adoption Questionnaire: Continued

11. Have you owned a cat before?

- Yes, I **was** the sole caretaker
- Yes, I **was not** the sole caretaker
- No, I have not owned a cat before

12. Behaviours I am NOT willing to work with are:

- Vocalization
- Shy / fearful / hiding
- Urinary / litterbox issues
- Biting / rough play
- Scratching furniture
- Attempts to escape
- Does not get along with children / other animals
- Other (please specify):

13. It is important my new cat is:

- Quiet
- Playful
- Affectionate
- Calm
- Enjoys being held
- Vocal / chatty
- Energetic
- Dominant
- Submissive
- Gets along with:
 - Children
 - Cats
 - Dogs
 - Small animals

Please select any additional topics you'd like to discuss today

- | | | |
|---|---|--|
| <input type="checkbox"/> Introducing your cat to: <ul style="list-style-type: none"><input type="checkbox"/> Baby<input type="checkbox"/> Children<input type="checkbox"/> Dog<input type="checkbox"/> Cat<input type="checkbox"/> Home | <input type="checkbox"/> Microchipping <ul style="list-style-type: none"><input type="checkbox"/> Declawing<input type="checkbox"/> Enrichment<input type="checkbox"/> Scratching behaviour<input type="checkbox"/> Adoption preparation<input type="checkbox"/> Indoor cat facts | <input type="checkbox"/> Play behaviour <ul style="list-style-type: none"><input type="checkbox"/> Litter box issues<input type="checkbox"/> Play aggression<input type="checkbox"/> Signs of a sick cat<input type="checkbox"/> Other: _____ |
|---|---|--|

Please read and sign the following

I, the undersigned, am of at least 18 years of age, and verify that all of the above information is true and correct. I understand that this cat was a stray and therefore has no known medical or behavioural history. All cats have been vaccinated, treated for fleas and worms, spayed / neutered, and microchipped. While appearing healthy, this cat could have an underlying health problem which may not have been detected.

I understand that any further veterinary care for the adopted cat is at my discretion, however the London Animal Care Centre highly recommends having the animal examined by a veterinarian as soon as possible, ideally within **72 hours** of adoption. I understand that the London Animal Care Centre will not reimburse me for any medical expenses incurred after the animal has been adopted.

I understand that I may return this animal to the shelter for a full refund within **2 weeks** if the pet should prove to be unsuitable to the new home. I understand that some animals take many weeks to settle into a home and agree to contact the shelter for guidance prior to returning this animal.

- I give LACC permission to take my photograph for use on social media to promote adoptions
- I agree to receive electronic messages from Royal Canin Canada Company. With this agreement I will receive a complimentary Royal Canin Adoption kit and help to feed the dogs and cats in the shelter.

Applicant signature

Date