



9. Are you a student? <input type="radio"/> Yes <input type="radio"/> No		If yes, what does the future look like for the cat once you are finished school?	
10. How many people live in the household? (please write the # of people in the boxes below)			
<input type="text"/>	# of Adults	<input type="text"/>	# of Children/people under 18 years of age
		Please list ages of children/people under 18 years of age:	
11. Do you have any pets currently? <input type="radio"/> Yes <input type="radio"/> No		If <u>yes</u> , please provide details – quantity, species, age, sex:	
If <u>yes</u> , are they: (A) Up-to-date on vaccinations? <input type="radio"/> Yes <input type="radio"/> No		(B) Spayed/neutered? <input type="radio"/> Yes <input type="radio"/> No	
<b>If you answered no to either of the above questions, please explain why:</b>			
If you have pets, are they friendly with other animals? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown			
12. If you had other pets in the past, what became of them?			
<input type="radio"/> Gave away, rehomed or surrendered please explain why:		<input type="radio"/> Deceased (How? Examples: Old age, disease/virus, hit by car)	
13. Will your cat stay...		14. Are any of your current cats declawed?	
<input type="radio"/> Indoors only <input type="radio"/> Outdoors Only <input type="radio"/> Indoor/Outdoor		<input type="radio"/> Yes <input type="radio"/> No	
		Also, do you plan to declaw this cat? <input type="radio"/> Yes <input type="radio"/> No	
<b>Whether the answer is yes or no in the above question, explain why <u>you HAVE or HAVE NOT</u> declawed your cats?</b>			
15. Have you previously adopted from the Gananoque & District Humane Society? <input type="radio"/> Yes <input type="radio"/> No			
16. For what reason would you consider rehoming (find a new home for) your cat?			
17. How often should your cat see a Veterinarian?			
18. What would be your action plan if your cat becomes sick/ill or is diagnosed with a chronic ailment? For example: Diabetes, Thyroid issues, Arthritis/pain management, special veterinary diets, etc...			
19. What would you do if your cat starts inappropriately urinating or defecating outside the litter box or stops using it?			
20. What would you do if your cat starts to scratch in places you don't want them scratching?			
21. Are you willing to teach young children the proper care and treatment of this particular animal? Explain			
22. Is anyone in the home allergic to cats? <input type="radio"/> Yes <input type="radio"/> No		If yes, how will they handle this situation?	
23. If you discover, post-adoption, that someone in your family may be allergic, how will you deal with this issue?			

24. Do you have a carrier/kennel to use for transporting? <input type="radio"/> Yes <input type="radio"/> No	
25. Do you anticipate any difficulties with your current pets accepting the cat(s) you're applying for? Explain	
26. How do you plan to introduce your new pet to your current pets?	
27. What pet personality type do you feel best suits your personality and lifestyle? Describe (in detail) your own personality and lifestyle:	
28. What will you do with your adopted cat if the circumstances of your life change (marriage, divorce, baby, move, etc.)?	
29. On a scale of 1-10 (1= not at all, 10= very experienced), how do you rate your knowledge of the requirements of a cat/kitten?	30. On average, how much do you think it will cost yearly to maintain the health of your pet? \$
31. If you adopt a cat and they start showing signs of illness in the first few weeks in their new home, what will you do?	

### References

***Please authorize your veterinarian to release information to the GDHS. If you do not have a veterinarian, please list 2 personal references.***

<b>Reference #1: Veterinarian</b>	Name of Veterinary Clinic/Hospital:	
City of Veterinarian:	Telephone Number:	

<b>Reference #2: Personal</b>	Name:	
Contact Information:	What is the relationship of the reference to you?	

\*I have made my references aware that they will receive a call from GDHS, and I am aware that unresponsive references will delay my application processing.  Yes  No

### Disclaimer and Signature

*By signing below, I certify that I have read and understand the application and that my answers and information I provided are true and complete to the best of my knowledge. If this application leads to adoption, I understand that the animal **is solely my responsibility once the adoption is finalized.** If for any reason at all I am no longer able to care for/keep the cat, it should be returned to GDHS.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***The Gananogue & District Humane Society has the right to refuse any adoption to any individual and we will not discuss the reason for refusal. \* IF APPROVED, WE WILL CONTACT YOU\****

**STAFF USE ONLY**

Applicant Name:  _____	Pet Point Notes/Information
Date Application Received: _____ 1. Application: <input type="checkbox"/> Approved <input type="checkbox"/> Denied 2. References: <input type="checkbox"/> Approved <input type="checkbox"/> Denied 3. Adoption approved? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Date of notification for approval: _____	Questions/concerns

**References**

Veterinarian- contacted? <input checked="" type="radio"/>  On flea & tick? <input type="checkbox"/> YES <input type="checkbox"/> NO  Updated on vaccines? <input type="checkbox"/> YES <input type="checkbox"/> NO  Annual checkups? <input type="checkbox"/> YES <input type="checkbox"/> NO  Declawed cats on file? <input type="checkbox"/> YES <input type="checkbox"/> NO	Comments:
Personal- contacted? <input checked="" type="radio"/>	Comments:
<b>GDHS staff members who approve this must sign &amp; date below *</b>  _____ <i>Signature</i> _____ <i>Date</i>	