



P.O. Box 2255, 129 Kam Lake Road
YELLOWKNIFE NT X1A 2P7
Clinic #: (867) 873-2579 Emerg # (867) 445-VETS
Fax: (867) 920-7915 E-mail: gsah@ssimicro.com

Feline Adoption Application Questionnaire:

Name: _____ Home Ph: _____
Res. Address: _____ Work Ph: _____
Mailing Address: _____ Cell Ph: _____

Note: Please specify if there is a particular cat or kitten you are interested in.

1. Why do you want a cat?

2. Would this cat be indoor, outdoor, or both?

- a) indoor
- b) outdoor
- c) both

3. Are you aware of the risks of letting your cat roam outside? **What do you think these risks might include?**

4. What sort of temperament and activity level are you looking for in your cat?

5. Would you prefer a long-haired cat or a short haired cat, **why?**

6. What do you think the life expectancy is for a cat? **Are you prepared to keep this cat for its lifetime?**

7. What would you do if you find that you can no longer keep this cat? **What do you think would cause you to give up the cat?**

8. Are you aware of the grooming needs that are required with this particular type of cat? **What are they?**

9. Are you willing to buy a good quality, wholesome cat food (not necessarily the cheapest brand of food) for your cat? What would that be? _____

- a) yes
- b) no

10. Are you willing to put in the time needed to house train a cat?

- a) yes
- b) no

11. How will you discipline your cat?

12. Have you had any other previous pets? **What were they, and how many?**

13. If you answered yes to the previous question, **where are those pets now?**

14. Are you aware of the cost of veterinary services and the general maintenance of the cat? What do you think the annual cost might be? **Are you prepared to pay for medical treatment for your cat if it needs it?**

15. Are you aware of the importance of vaccinations? **What do you think these factors might be?**

16. Are you willing to spay or neuter your cat? **Why do you think this may or may not be important?**

17. Do you or any household members have any allergies?

- a) yes
- b) no
- c) unsure

18. Are all members of your household 100% committed to getting this cat?

- a) yes
- b) no

19. Do you have any children? What are their ages?

- a) yes Ages: _____
- b) no

20. Do you have any life changing events planned in the near future

- a) moving
- b) having a baby
- c) new job
- d) other

21. Briefly describe your lifestyle as it is now.

22. Briefly project a lifestyle you have planned after getting the cat.

23. If you are renting, or live in subsidized housing, are you aware of the rules and regulations of keeping a pet in your home?

- a. Renting Yes No
b. Subsidized housing Yes No

If you answered yes to (a) or (b), please provide the name of your landlord and have them provide a written letter giving authorization to keep a cat in your residence.

Name: _____ Phone: _____

If you answered yes to (a) or (b), what are these rules and regulations?

Please provide references and contact numbers:

Personal:

Name: _____ Phone: _____

Name: _____ Phone: _____

Professional:

Name: _____ Phone: _____

I understand that Great Slave Animal Hospital's policy is to ensure the health and well being of each animal under its care, therefore, if it is deemed that there is satisfactory reason to refuse an adoption, Great Slave Animal Hospital may do so at its discretion.

Signature of Applicant