



# Georgina Animal Shelter Cat adoption questionnaire

Application date: \_\_\_\_\_

Animal name: \_\_\_\_\_ Animal #: \_\_\_\_\_

## Applicant contact details

Full name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Are you 18 years or older?      Yes      No

## Applicant housing details

Describe your current home environment – detached house, apartment, farm, etc.

Is your home rented or owned?

Rented

Owned

If rented, have you confirmed you are allowed to have pets?

Yes

No

## **Home environment**

Describe your home environment and who will be interacting with your pet on a regular basis. If this includes children, provide their ages:

Describe the pet handling and ownership experience of the members in your household:

Are you aware of any pet allergies of anyone that will be regularly interacting with your pet?

Where will your pet spend most of its time in the home?

How will your pet spend its time – indoors only, mostly outdoors or indoors/outdoors?

When you travel, what arrangements will be made to care for your pet?

If your pet will go outdoors, will your pet have access to a contained outdoor space?

Are you aware if there is a cat by-law in your municipality?

Yes

No

### **Pet ownership experience**

Tell us about your previous pet ownership experience:

If you have pets currently, describe them including their breed, personality and how they interact with other pets:

Describe the medical care history for your current pet(s) including their spay/neuter/vaccine status:

Describe, if any, experience that you have had with medical or behaviour challenges with your past or current pet(s):

Provide the name of the veterinary clinic that you currently use:

Do you give us permission to contact your veterinarian for a reference?

Yes

No

I am committed to caring for the pet that I am applying to adopt and am aware of the costs associated with pet ownership.

Annual exam fee: \$50 - \$80 \_\_\_\_\_ initials

Vaccines: \$155 (including examination) \_\_\_\_\_ initials

Fecal: \$25 - \$85 \_\_\_\_\_ initials

Flea and tick prevention/treatment: \$25 per dose to \$65 per dose \_\_\_\_\_ initials

Dental cleaning only: starting at \$445 \_\_\_\_\_ initials

Dental cleaning with extractions: \$855 - \$1000 (mild dental to moderate dental)  
\_\_\_\_\_ initials

Blood profile: \$95 - \$185 \_\_\_\_\_ initials

X-rays: \$300 - \$500 \_\_\_\_\_ initials

After hours emergency veterinary visit, exam fee: \$175 \_\_\_\_\_ initials

Level 1 hospital stay per 12 hours: \$180 \_\_\_\_\_ initials

Food: \$25 - \$50 \_\_\_\_\_ initials

### **Pet care experience**

Tell us about your experience with grooming pets such as coat or nail care:

Tell us about how you would prevent your pet from becoming infected with parasites such as fleas:

Provide us with examples of typical care expenses that you would anticipate with pet ownership:

### **Pet compatibility**

Describe the type of personality that you are looking for in a pet companion:

Describe the activity level that you are looking for in a pet:

Are you prepared for the lifelong responsibility of a pet that may have entered into the shelter with an unknown behavioural or medical history?

Is there anything else that you would like to share at this time?

## Reference and adoption fee

Provide a reference that is familiar with your ability to care for a pet

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

How did you learn about the pet that you have applied to adopt?

Confirm that you are aware of the pet adoption fee of \$175 plus HST

Yes

No

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

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Send the completed questionnaire to [animal-control@georgina.ca](mailto:animal-control@georgina.ca).