

## CAT ADOPTION APPLICATION

### PLEASE PRINT CLEARLY

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home Ph: \_\_\_\_\_ Alt Ph: \_\_\_\_\_  
 Email: \_\_\_\_\_

#### For Office Use Only

Date: \_\_\_\_\_ ICAN rep: \_\_\_\_\_  
 Cat's Name: \_\_\_\_\_  
 Approval:  Yes  No  Pending  
 Reason: \_\_\_\_\_  
 Payment Rec'd (date & amount) \_\_\_\_\_

### Your Family

- Are you adopting this cat for?  
 Self  Friend  Other \_\_\_\_\_
- Have all members of your household been introduced to the cat?  Yes  No
- Number adults at home? \_\_\_\_\_ adults 18+ yrs
- Number children at home? \_\_\_\_\_ 0-7yrs \_\_\_\_\_ 8-17yrs
- Any allergies to cats in your family?  
 Yes  No
- How busy is your family?  
 Very  A little  Not at all  Sometimes
- How would you describe yourself?  
 Nervous  Loud  Calm  Quiet
- How would you describe other people in your house?  
 Nervous  Loud  Calm  Quiet
- Are you planning on the following in the next month?  
 Moving  Holiday  Change in Schedule
- Do you have a family vet?  Yes  No  Not Yet  
 If Yes, please provide name & contact information:  
 \_\_\_\_\_  
 \_\_\_\_\_

### Your Home

- Type of home?  
 House  Apartment  Acreage  
 Share  Rent  Own
- Outside areas?  
 Balcony  Patio  Yard
- Your street?  
 Busy  Quiet

### Your Pets

- Who will be the cat's primary caretaker? \_\_\_\_\_
- Where will your cat stay during the day?  
 Inside  Outside  Both Other \_\_\_\_\_
- Where will your cat sleep at night?  
 Inside  Outside Other \_\_\_\_\_
- Where will your cat stay during vacations?  
 At home with care  Boarding  Other \_\_\_\_\_
- Have you had cats before?  
 Yes  No
- What happened to them? \_\_\_\_\_
- Have you ever surrendered a pet to a shelter?  
 No  Yes Reason? \_\_\_\_\_
- Do you have the landlord's permission to have pets?  
 Yes  No
- Please give landlord's name & phone number  
 \_\_\_\_\_  
 \_\_\_\_\_

### Other Pets

- Do you have other cats?  
 No  Yes (please specify)...  
 Female  Male  
 Spayed/ Neutered  Intact
- How are your cats towards other cats?  
 Friendly  Disinterested  Afraid  I'm not sure
- Do you have other animals?  
 No  Yes (please specify type & breed)  
 \_\_\_\_\_
- How are they towards cats?  
 Friendly  Disinterested  Afraid  I'm not sure

Please list two references who can comment on your character and experience with animals.

Name	Telephone Number	Relationship to you

Desired physical characteristics	Problems you are willing to work on?
<b>1. Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Either  <b>2. Coat</b> <input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long <input type="checkbox"/> Any  <b>3. Age</b> <input type="checkbox"/> Kitten <input type="checkbox"/> Adult <input type="checkbox"/> Senior <input type="checkbox"/> Any  <b>4. Breed/Type/Colour?</b> _____	<b>Behavioural Problems</b> <input type="checkbox"/> Litterbox <input type="checkbox"/> Scratching furniture  <b>Will you have the cat declawed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Socialisation Problems</b> <input type="checkbox"/> Fearful <input type="checkbox"/> Shy <input type="checkbox"/> Nervous  <input type="checkbox"/> I am not interested in working on problems <input type="checkbox"/> I need more information to decide

I would like my new cat to:	Very Important	Quite Important	Not Important
Be friendly with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be friendly with other cats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be friendly with dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be friendly with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be friendly with visitors to the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy being groomed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy being held	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy being patted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be playful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be quiet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be independent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never wake me up at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never scratch the furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never show aggressive behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Always use the litter box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Under what conditions would you return your cat?</b>	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Too costly
	<input type="checkbox"/> Scratching furniture	<input type="checkbox"/> Not enough time
	<input type="checkbox"/> Litter box problem	<input type="checkbox"/> Cat's health problems
	<input type="checkbox"/> Does not get along with other pets	<input type="checkbox"/> New baby

**Please give us any other information that might be important to help us make a better match**

Have you ever been convicted of neglect or cruelty to animals?  Yes    No

Are you willing to have an ICAN representative do a home visit by appointment?  Yes    No

If no, why not? \_\_\_\_\_

**Please initial to indicate you have read, understand and agree to the following:**

- It is my responsibility to see and evaluate this cat for myself before agreeing to adoption \_\_\_\_\_
- This cat will reside in my home as a companion. I will provide him/her with adequate food, water, shelter, affection, socialization and medical care \_\_\_\_\_
- I will not sell, trade, give away or otherwise dispose of this cat. If at any time I am unable OR unwilling to care for this cat, I agree to contact ICAN to return him/her to ICAN or to discuss finding him/her a new home \_\_\_\_\_
- ICAN is in no way liable or responsible for any damage, accident or injury resulting from the placement of a cat into my household \_\_\_\_\_
- ICAN cannot be held responsible for any health or temperament problems of this cat \_\_\_\_\_

**All information provided in this application is true and complete. Falsified information will lead to automatic rejection of the application. We reserve the right to refuse any applicant.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**THANK YOU FOR COMPLETING THIS QUESTIONNAIRE  
THIS INFORMATION WILL HELP US MATCH YOU WITH THE RIGHT CAT FOR YOUR FAMILY**