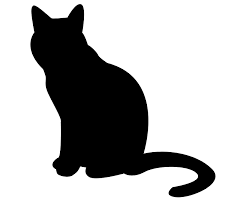
 Cat Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**CAT ADOPTION Application**

Thank you for choosing HSKL! Help us find you the right pet.

Thank you for taking the time to fill out this application carefully and thoughtfully.

Every animal and every home is unique. We are very proud of our success rate in matching animals with wonderful FOREVER homes.

We use this application as a starting point to match your lifestyle, needs, and experience with the animals we know so well. We’re committed to finding each HSKL animal the right match.

**BEFORE YOU FILL IN YOUR APPLICATION, PLEASE NOTE:**

\* HSKL Animals are accepted from owned, stray, homeless or abandoned sources

\* We cannot guarantee temperament of our animals. Most animals come to us without any background history.

\* We cannot guarantee the health of our animals. We disclose observations that are revealed during a veterinary exam or provided at the time of surrender. Please understand that some illnesses may have up to a ten day incubation period. This means that a pet can leave in good health but get sick a few days post adoption.

\* We recommend that every adopter take their new pet to a veterinarian for a medical exam within 7-10 days of adoption .

**IMPORTANT INFORMATION**

1. All adopters are responsible for veterinary care and medical bills incurred post adoption.
2. If, for whatever reason, you must re-home your new pet, you must first contact the HSKL
3. HSKL reserves the right to approve or deny your application
4. HSKL reserves the right to verify all information provided on the adoption application

**I HAVE READ AND AGREE TO THE TERMS ABOVE**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HSKL staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Humane Society of Kawartha Lakes**

107 McLaughlin Rd. Lindsay, ON K9V 6K5

705-878-4618 / [shelter.hskl@cogeco.net](mailto:shelter.hskl@cogeco.net) / [www.hskl.ca](http://www.hskl.ca)

Registration # 88646 4239 RR0001

Humane Society of Kawartha Lakes

**CAT ADOPTION APPLICATION**

|  |  |  |
| --- | --- | --- |
| **APPLICANT INFORMATION** | | |
| Full Name(s): | | |
| Cat’s Name: | | |
| Address: City: Postal Code: | | |
| Email address: | | |
| Home Phone #: | Cell Phone #: | |
| Have you adopted from HSKL in the past? | | |
| **DESCRIBE YOUR RESIDENCE AND FAMILY** | | |
| Please circle the type of home you live in:  Single Family Home Farm Condo Apartment Trailer Acreage | | |
| If you rent, please provide contact information for your landlord:  Name: Phone#: | | |
| Is your landlord okay with you having a cat? Yes No | | |
| How many children  live in your home? | | Ages of  children: |
| Any visiting children? | | |
| How would you describe your household: LOUD CALM BUSY QUIET | | |
| Does anyone in your household suffer from allergies? | | |
| Do you have someone who could look after your cat in the event of a serious illness or death? | | |
| Is this cat going to be: Indoor only / Outdoor only / Indoor & Outdoor  If Outdoor, please explain how the cat will be outside: Harness / Catio / Free Roam / Fenced backyard | | |
| If this is not your first cat, what happened to your previous cat(s): | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **TELL US ABOUT YOUR CURRENT PETS:** | | | | | | |
| **Species** | **Name** | **Breed** | **Gender** | **Spayed/**  **Neutered?** | **Age** |
| Cat/ Dog |  |  | Male  Female | Yes  No |  |
| Cat/ Dog |  |  | Male  Female | Yes  No |  |
| Cat/ Dog |  |  | Male  Female | Yes  No |  |

|  |
| --- |
| What is your plan for integrating your HSKL cat with your current pets (please describe in detail)? |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please list each veterinarian that has cared for your animals:** | | | |
| Name of Clinic(s) | Name of Veterinarian | Telephone # | Name under which the records are listed |
|  |  |  |  |

|  |  |
| --- | --- |
| **PET CARE & YOUR LIFESTYLE** | |
| Do you feel you can commit the next 10 to 20 years to a cat? | |
| Describe your ideal cat? | |
| Please list bad habits you would not tolerate from a cat: | |
| Are you planning to declaw this cat? | |
| How often do you think you  should take your cat to the vet? | How much have you budgeted  to spend annually on your cat? |

|  |
| --- |
| **SIGNATURE** |

By signing below:

* I certify that the information I have given is true and that I recognize that any misrepresentation of facts may result in my losing the privilege of adopting a pet from HSKL.
* I understand that the HSKL has the right to deny my request to adopt an animal.
* I authorize investigation of all statements contained in this application.
* I understand that this application is the property of HSKL.
* I understand that HSKL will call and check in on my new pet after adoption.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_