

Lyndhurst Feral Cat Project



ADOPTION APPLICATION

NAME:	DATE:
ADDRESS:	PHONE NUMBER (HOME AND CELL):
EMAIL:	
WORK PHONE NUMBER:	

APPLICANT INFORMATION

Who will be the primary caregiver of the cat?	
Are you 18 years of age or older?	
Are you a student or do you plan to attend school in the near future?	
-If yes, what year/level are you currently at?	
-If yes, what does the future look like for the cat once you're finished school?	
Do you rent your home?	
- If so, have you confirmed that pets are allowed?	
I live in a:	<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Townhouse <input type="checkbox"/> Condo
-Do you live in a rural area?	
Are you moving in the next 6 months? If yes, when and to where?	
Do you plan to go on vacation in the next 6 months?	
How will you handle the care of your adopted cat when you do go on vacation?	
Do you agree to a home inspection?	
Do you have your own transportation?	
Do you have a cat carrier/kennel to use for transporting a cat?	
How many adults live in the home?	

Do any children live in the home?	
- If so, how many/what ages?	
- Are they accustomed to animals?	
- Are you willing to teach young children the proper care and treatment of this animal?	
Is everyone in the household in agreement about adopting a cat?	
Is anyone in the home allergic to cats?	
If you discover after adoption that someone in your household may be allergic, what will you do?	
Have you or any member of your household ever been convicted of an offense involving animal cruelty?	
Have you or any member of your household ever been investigated by any animal welfare group or organization?	

YOUR PETS & PET HISTORY

Do you currently have any pets?	
- If so, please list species/breed/age:	
Are they friendly with other animals?	
Are they up to date on vaccinations?	
Are they spayed or neutered?	
If you answered no to your pets being up to date on vaccinations or being spayed or neutered, please explain why.	
Do they have any health issues that could affect a new pet? If so, please explain.	
Where do your pets spend their time (indoors, outdoors)?	
Do you anticipate any difficulties with your current pets accepting the cat you would like to adopt?	

How do you plan to introduce your new pet to your current pet(s)?	
Have you ever surrendered, sold or given away an animal? If yes, please explain.	
Have you had an animal(s) in the past that is no longer with you? If yes, how long did you have each and what happened to them? Please explain in detail (gave away, rehomed, surrendered, deceased - old age, disease/virus, hit by car, etc.)	
Have any of your pets had babies? If yes, please explain.	
Are any of your current cats declawed?	
Do you plan to declaw this cat?	
-Whether the answers to the above declaw questions were yes or no, please explain why you have or have not declawed your cat, or why you would or would not declaw this cat.	

ADOPTION QUESTIONS

Which cat are you interested in adopting?	
Have you owned a cat before?	
Why do you want to adopt a cat?	<input type="checkbox"/> Personal pet/companion <input type="checkbox"/> Companion for child <input type="checkbox"/> Companion for existing pet <input type="checkbox"/> Barn cat/farm <input type="checkbox"/> Mouser <input type="checkbox"/> Other (explain): _____
What pet personality type do you feel best suits your personality and lifestyle?	
Tell us about yourself and how your lifestyle is suited to cat/pet ownership.	
Do you plan on letting your adopted cat outside?	

What type of animal behaviour would be completely unacceptable to you?	
What will you do with your adopted cat if the circumstances of your life change (marriage, baby, move, etc.)?	
For what reason would you consider finding a new home for your pet?	
On a scale of 1 to 10 (1=not at all, 10=very experienced), how would you rate your knowledge of the requirements of a cat?	
On average, how much do you think it will cost yearly to maintain the health of your pet?	
How often should your cat see a veterinarian?	
What would be your action plan if your cat became sick or was diagnosed with a chronic ailment?	
What would you do if your cat started inappropriately urinating or defecating outside the litter box or stopped using it?	
What would you do if your cat started to scratch in places you don't want them scratching?	

REFERENCES

VETERINARIAN	
<i>Please authorize your veterinarian to release information to LFCP. If you don't have a veterinarian, please provide 2 personal references.</i>	
Name of Veterinary Clinic	
City of Veterinarian and Phone Number	
PERSONAL REFERENCE (not a family member)	
Name of Personal Reference:	
Contact Information:	
What is your relationship to this person?	
2ND PERSONAL REFERENCE IF YOU DON'T HAVE A VETERINARIAN (not a family member)	
Name of Personal Reference:	
Contact Information:	
What is your relationship to this person?	

Applicant's Signature _____ **Date** _____

Please scan and email this completed form to villagecatsemail@gmail.com or mail to Box 12, Lyndhurst, ON K0E 1N0. You can alternatively take photos and email them.

NOTES:

- The Lyndhurst Feral Cat Project has the right to refuse any adoption to any individual and does not have an obligation to discuss the reason. Many factors determine which applicant will be matched with a particular cat. If you are not accepted, it doesn't mean that you're not considered a good pet owner, it may just mean that you and the cat are not a match for success.
- If you are actively looking for a cat at other rescues as well, please let us know if you adopt a cat so you can withdraw your application. This will prevent us from working on processing your application for no reason. Thank you!

LFCP USE ONLY

Veterinarian Contacted <input type="checkbox"/> YES <input type="checkbox"/> NO	Pets on flea/tick meds <input type="checkbox"/> YES <input type="checkbox"/> NO
Declawed cats on file <input type="checkbox"/> YES <input type="checkbox"/> NO	Vaccines up to date <input type="checkbox"/> YES <input type="checkbox"/> NO
Animals spay/neutered <input type="checkbox"/> YES <input type="checkbox"/> NO	Annual check ups <input type="checkbox"/> YES <input type="checkbox"/> NO
Veterinary Reference:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
Comments:	
Personal Reference (Reference #1):	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
Comments:	
Personal Reference (Reference #2):	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
Comments:	
Application:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
Adoption:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
Date of notification of approval:	

Adoption approved by _____ Date _____
 LFCP Representative Signature