



CAT

Thank you for choosing GTHS! Help us to 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 are committed to finding each GTHS animal the right match.

BEFORE YOU FILL IN YOUR APPLICATION, PLEASE NOTE:

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

*We cannot guarantee the temperament our animals. Most animals come to us without any background history. We disclose any information that is given to us on a surrender form or is discovered during a behavioural assessment (dogs only), however this still does not guarantee temperament.

*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 diseases may have up to a 10 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 within 7-10 days of adoption for a medical exam.

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 GTHS
3. GTHS reserves the right to approve or deny your application
4. GTHS reserves the right to verify all information provided on the adoption application (veterinary references etc)

I HAVE READ AND AGREE TO THE ABOVE TERMS

Name: _____ Signed: _____

Date: _____ GTHS staff: _____

Georgian Triangle Humane Society

549 Tenth Line, Collingwood ON, L9Y 0W1
705-445-5204 | catadoptions@gths.ca | www.gths.ca
Registration Number 86800 4185 RR0001

Georgian Triangle Humane Society

CAT ADOPTION APPLICATION

APPLICANT INFORMATION

Full Name (s):

Cat's Name:

Address:

City:

Province:

Postal Code:

Email Address:

Home Phone Number:

Cell Number:

Business Number:

Have you adopted an animal from GTHS in the past?

DESCRIBE YOUR RESIDENCE AND FAMILY

Please circle the type of home you live in:

Farm
 Single Family Home
 Condo
 Apartment
 Trailer
 Acreage

Do you rent or own?

Do you have roommates?

YES

NO

How long have you lived at your current address?

Are you planning to move in the near future?

If you rent, please provide contact information for your landlord

Email:

Phone Number:

Is your landlord ok with you having a cat?

Yes

No

How many children live in your home?

Number:

Ages:

Any visiting children?

How would you describe your household:

LOUD

CALM

BUSY

QUIET

Does anyone in your household suffer from allergies?

If your current relationship changes, with whom will the cat remain, please explain:

Georgian Triangle Humane Society

CAT ADOPTION APPLICATION

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: a. Indoor only b. Outdoor only c. Indoor/Outdoor

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/N	Age	Vaccine Status	Declawed?
Cat/Dog			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Cat/Dog			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Cat/Dog			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No			

TELL US ABOUT YOUR PAST PETS:

Species	Name	Breed	Gender	Spayed/N	Age	Vaccine Status	Declawed?
Cat/Dog			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Cat/Dog			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Cat/Dog			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No			

What is your plan for integrating your GTHS cat with your current pets (please describe in detail):

Please list each veterinarian and veterinary clinic that has cared for your animals:

Name of Clinic	Name of Veterinarian	Telephone Number	Name under which the records are listed

PET CARE AND YOUR LIFESTYLE

Do you feel you can commit the next 10 to 20 years to a cat?

Georgian Triangle Humane Society

CAT ADOPTION APPLICATION

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 monthly on your cat?

Which of the following would force you to give up your cat?

- Divorce/separation
- Large vet bills
- Not getting along with your current pets
- Moving
- Cat develops chronic illness
- Urinary issues
- Planning to have a baby
- Does not apply
- Other _____

It may take at least 6-8 weeks for your new cat to adjust to the new family and home. Are you willing to allow this much time and possibly more?

Note: this may include scratching, hiding, and/or personality conflicts with existing animals

EMPLOYMENT INFORMATION

Are you currently employed?

Full time Part Time Unemployed Other Retired

What is your job title?

REFERENCES

Please provide 2 personal references. We suggest anyone who can provide a character reference in regards to your previous animal interactions. (i.e. coworkers, siblings, etc.)

Please provide their name, name of business or organization, your relationship to this person, and a contact number where we can reach them.

Name	Name of Business	Relationship	Contact Number (s)

Georgian Triangle Humane Society

CAT ADOPTION APPLICATION

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 adoption a pet from GTHS.
- I understand that the GTHS 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 GTHS

Signature : _____

Date: _____

Thank you for your responses. All of your responses are confidential. We will be in touch as soon as possible.