

Animal's Name: _____

Full Name: _____

Address and Postal Code : _____

Phone: _____ Email: _____

Have you adopted from GTHS in the past? YES NO If so, when? _____

Which best describes your living environment? House Townhouse Condo Apartment Farm/Acreage

Please list all people currently living in the home:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

** Please note, we recommend that all adults in the home meet the adopt you are hoping to adopt. **

Who will be the primary care giver for this cat?

Please list all animals currently living in the home:

Name: _____ Species: _____ Breed: _____ Age: _____ Spayed/Neutered: YES NO

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*** Our goal is to match you and your family with the best cat for your lifestyle. Help get us started! ***

These characteristics are important to me:

- | | | | |
|-----------------------------------|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Long Coat | <input type="checkbox"/> Kitten | <input type="checkbox"/> Senior (8 years+) |
| <input type="checkbox"/> Female | <input type="checkbox"/> Medium Coat | <input type="checkbox"/> Young Adult | <input type="checkbox"/> No Preference |
| <input type="checkbox"/> Declawed | <input type="checkbox"/> Short Coat | <input type="checkbox"/> Adult | |

Personality:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Good with Kids | <input type="checkbox"/> Enjoys being held | <input type="checkbox"/> Independent | <input type="checkbox"/> Indoor only |
| <input type="checkbox"/> Good with Dogs | <input type="checkbox"/> Playful | <input type="checkbox"/> Lap Cat | <input type="checkbox"/> Indoor/Outdoor |
| <input type="checkbox"/> Good with Cats | <input type="checkbox"/> Quiet | <input type="checkbox"/> Good with Visitors | <input type="checkbox"/> Calm |
| <input type="checkbox"/> Other | | | |

What sort of enrichment do you plan to offer your new cat?

- | | | |
|--|--|---|
| <input type="checkbox"/> Toys | <input type="checkbox"/> Scratching Post | <input type="checkbox"/> Brushing/Petting |
| <input type="checkbox"/> Other animals | <input type="checkbox"/> Playtime | <input type="checkbox"/> Novel Items |

GTHS also has a variety of post-adoption resources available for our adopters. Please be sure to let your Adoption Counselor know if you have interest in any of the following:

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> Litterbox Issues | <input type="checkbox"/> Indoor Enrichment | <input type="checkbox"/> Grooming |
| <input type="checkbox"/> Cat to Cat Intro | <input type="checkbox"/> Cat to Dog Intro | <input type="checkbox"/> Feeding |
| <input type="checkbox"/> Facts on FIV+ | <input type="checkbox"/> Talkative Cats | |

**** If you'd like a resource on something not listed above, please ask our Adoption Counselor. ****

I would be open to discussing the adoption of a cat with a medical challenge. I would be open to discussing the adoption of a cat with a behaviour challenge.

Applicant Signature _____ Date _____

GTHS Team Representative _____ Date _____

Thank you for choosing GTHS! • We are excited to help find you the right pet!