



GEORGIAN TRIANGLE HUMANE SOCIETY

549 Tenth Line, Collingwood, Ontario, L9Y 0W1
(705) 445 5204 www.gths.ca

Barn Cat Adoption Application

Date: _____ Cat's Name: _____

Breed: _____ Color: _____ Age: _____



Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone#: _____ Alternative Phone#: _____

Email Address: _____

Personal Reference Name: _____ Phone#: _____

Relationship: _____ How long known: _____



Please complete the following questionnaire in its entirety. Our main objective is to ensure good compatibility between you, your family and your new pet. Please return this application to the reception desk staff.

1. Do you own or rent your residence? Own Rent

2. If you rent, do you have your landlord's permission to have a cat? YES____ NO____

3. Landlord's name and phone #: _____

4. What type of home will this cat live in? House Farm Workshop Barn

Other: _____

5. How long have you resided at your current address? _____

6. Is this going to be your first barn cat? YES____ NO____

7. If this is not your first barn cat, do you have others already integrated into the barn?

8. Is your barn insulated/or heated? YES NO If no, is there an area for your cat that is insulated or heated?

9. Will the cat be provided daily food and water? YES NO

10. Do you have a regular Veterinarian? YES NO

If yes, please provide name and phone #: _____

11. Are you 19 years of age or over? YES NO

11. Who will be the primary caregiver of the cat? _____

12. How often will the primary caregiver visit/spend time with the cat?

13. Roughly how many hours a day are people in the barn /workshop?

15. Do you currently own any other animals (including livestock)? YES____ NO____

If yes, please list: _____

Are they spayed or neutered? YES____ NO____

Are they up to date with their vaccines? YES____ NO ____

16. How do you plan on introducing the cat into the barn?

17. How long do you plan on confining the cat before allowing full range of the barn?

18. Do you have a given area in the barn for your cats to eat and sleep?

YES NO If yes please explain _____

19. Do you feel you can commit to a cat for the next 10 to 20 years? _____

20. Have you in the past or would you ever consider declawing your cat?

21. If you were to move in the future, what will happen to the cat? _____

22. Are you able to provide proper long term medical care for your cat as required?

YES NO

23. Does your barn have full shelter year round?

24. Are you aware that if you can no longer keep the cat, you are required to return it to

GTHS? YES NO

We are concerned for the well being of all shelter cats. Would you be willing to allow one of our staff members to do a scheduled home visit prior to, and/or after the adoption process? YES NO If no, please explain:

All the information I have provided above is true and correct.

Applicants signature: _____ Date: _____