

Fort Smith Animal Society
Cat Adoption Application

For Office Use Only

Name: _____
Address: _____
City: _____ Postal Code: _____
Home Phone: _____
Alt Phone: _____
Email: _____

Date: _____
FSAS Staff Name: _____
Cat's Name: _____
Approval: Yes No Pending
Reason: _____

Your Family

- 1. Are you adopting this cat for?**
 Self Friend Other
- 2. Have all members of your household been introduced to the cat?** Yes No
- 3. Nbr. adults at home?** _____ adults 18+ yrs
- 4. Nbr. children at home?** ___ 0-7yrs ___ 8-17yrs
- 5. Any allergies to cats in your family?**
 Yes No
- 6. How busy is your family?**
 Very A little Not at all Sometimes
- 7. How would you describe yourself?**
 Nervous Loud Calm Quiet
- 8. How would you describe other people in your house?**
 Nervous Loud Calm Quiet
- 9. Are you planning on the following in the next month?**
 Moving Holiday Change in Schedule
- 10. Do you have a family veterinarian?**
 Yes No Not Yet

Please provide name, phone number and details. _____

Your Home

- 1. Type of home?**
 House Apartment Share Rent
 Own Other
- 2. Outside areas?**
 Balcony Patio Yard
- 3. Your street?**
 Busy Quiet

Your Pets

- 1. Who will be the cat's primary caretaker?**

- 2. Where will your cat stay during the day?**
 Inside Outside Other _____
- 3. Where will your cat sleep at night?**
 Outside Inside Please specify:

- 4. Where will your cat stay during holidays?**
 At home with care Boarding Other

- 5. Have you had cats before?**
 Yes No
- 6. What happened to them?**

- 7. Have you ever surrendered a pet to the FSAS or another organisation?** No Yes Reason?

- 8. Do you have the landlord's permission to have pets?** Yes No
- 9. Please give name & phone number**

Other Pets

1. Do you have other cats?

No Yes (please specify) _____

2. How are your cats towards other cats?

Friendly Playful Afraid Not sure
 Other _____

3. Do you have other animals?

No Yes (please specify type & breed)

4. How are they towards cats?

Friendly Playful Afraid Not sure

Desired physical characteristics

1. Sex

Male Female Either

2. Coat

Short Medium Long Either

3. Age

Kitten Adult Senior Either

4. Breed/Type/Colour?

Problems You Are Willing To Work On

Behavioural Problems - Litter box

Scratching furniture

Socialisation Problems - Fearful Shy

Nervous

I am not interested in working on problems

I need more information to decide

1. Will you have the cat de-clawed?

Yes No

Please give us any other information that might be important to help us make a better match.

I Would Like My New Cat To:

Very Important Quite Important Not Important

Be friendly with children			
Be friendly with other cats			
Be friendly with dogs			
Be friendly with me			
Be friendly with visitors to the house			
Enjoy being groomed			
Enjoy being held			
Enjoy being patted			
Be calm			
Be active			
Be playful			
Be quiet			
Be independent			
Never wake me up at night			
Never scratch the furniture			
Never show aggressive behaviour			
Always use the litter box			

Under What Conditions would you return your cat?

- Aggressive
- Scratching furniture
- Litter box problem
- Does not get along with other cat

- Too costly
- Not enough time
- Sick cat
- New baby

I understand that it is my responsibility to see and evaluate the cat for myself before agreeing to adoption. This cat will reside in my home as a companion. I will provide him/her with adequate food, water, shelter, training, affection and medical care. All of the information I have given above is true and complete. I am in full agreement with the Fort Smith Animal Society terms of adoption. The Fort Smith Animal Society is in no way liable or responsible for any damage, accident or injury resulting from the placement of a cat into my household.

Falsified information will lead to automatic rejection of the application -We reserve the right to refuse any applicant

Have you ever been convicted of neglect or cruelty to animals? Yes No

Are you willing to have a Fort Smith Animal Society or other SPCA representative do a home visit by appointment? Yes No

If no, why not _____

Applicant Signature _____ **Date** _____