



PVHS reserves the right to deny adoption for any reason if they feel adopter is not suitable

Date: _____ Name of cat interested in: _____

Full Name: _____ Email: _____

Address: _____

**if rural, please list BOTH physical & mailing address*

City/Town/RM: _____ Prov: _____ Postal Code: _____

Phone: _____ Alternate Phone: _____ Best time of day to reach: _____

ARE YOU 18 YEARS OF AGE OR OLDER (yes/no)? _____

Full names of all adults who reside in home: _____

Full names/ages of children under 18 who reside in home: _____

Anyone in home have allergies to pets (yes/no)? _____ Did all members of household participate in decision (yes/no)? _____

Who will be primarily responsible for the care (feeding, grooming, exercise) of your new pet? _____

Why do you want to adopt? _____

Type of residence - house, apartment, condo, other (if other, please explain): _____

Do you - rent, own, live with parents, other (if other, please explain): _____

Type of confinement - fully fenced yard, crate/kennel, free range on property, undecided: _____

If the cat will be kept mainly outdoors, please describe accommodations: _____

Where will your cat be kept when home alone: _____

Where will your cat be kept at night: _____

How much time will your cat be alone? _____ hours per day _____ hours per week

What qualities are important to you for your next cat? _____

How many pets have you had in the last 5 years? _____ dogs _____ cats

How many pets do you currently live with?

Dog(s): _____ Type/breed(s): _____ Age(s): _____

Cat(s): _____ Type/breed(s): _____ Age(s): _____

Other: _____

Lifestyle Assessment - Cats

Are your pets spayed/neutered (yes/no)? If NO, please explain why: _____

Are your pets current with vaccines (yes/no)? If NO, please explain why: _____

To which veterinary clinic would you take your new pet? _____

Which clinic would have records of pets past or present? _____

Have you ever had to rehome a pet? If YES, please explain why: _____

**Only 1 reference can be a relative and that relative must not live with you. All references must be over 18 years old*
References must be reached within 72 business hours after initial contact; if unable, the PVHS will move to the next applicant*

REFERENCE #1

Full Name: _____ Relationship _____

Phone #: _____ Alternate #: _____ Email: _____

Best time of day to reach: _____

REFERENCE #2

Full Name: _____ Relationship _____

Phone #: _____ Alternate #: _____ Email: _____

Best time of day to reach: _____

VETERINARIAN

Full Name: _____ How many years seen? _____

Phone #: _____ Alternate #: _____ Email: _____

LANDLORD (if applicable)

Full Name: _____ How many years renting? _____

Phone #: _____ Alternate #: _____ Email: _____

A cat can live to be well over 10 years and requires a commitment of time, exercise, finances and emotional stimulation. Do you feel you are able to make that type of long term commitment at this time (yes/no)? _____

Please check at least 2 topics you would like to discuss with the Shelter Manager:

Introducing new cat to other pets

Diet/nutrition

Pet identification

Kids & cats/kittens

Proper socialization

Grooming/wellness

Litter box training

Toys/enrichment

Health and safety

SHELTER USE ONLY

APPROVED (yes/no): _____ If no, why? _____

Date approved: _____ Manager: _____ Ass't Manager: _____

Other comments: _____