



LIFESTYLE ASSESSMENT - CATS

****THE PVHS RESERVES THE RIGHT TO DENY ADOPTIONS FOR ANY REASON IF THEY FEEL THE ADOPTER IS NOT SUITABLE****
ID MUST BE PRESENTED IF APPROVED FOR ADOPTION AND A COPY WILL BE KEPT ON FILE

Date: _____ Cat Interested In: _____

Full Name: _____

Email Address: _____

Address (if rural, list BOTH physical & mailing) _____

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

Phone # _____ Alt Phone # _____

Preferred Contact Method: PHONE / EMAIL _____ Best time to reach: _____

ARE YOU 18 YEARS OF AGE OR OLDER? YES / NO (circle)

Full names of all adults who reside at this address: _____

Full names and ages of children under 18 years: _____

Does anyone in the home have allergies to pets? YES / NO

Did all household members participate in this decision? YES / NO

Who will be primarily responsible for the care of your new pet? _____

Why did you want to adopt? FAMILY PET / BARN CAT OR MOUSER / GIFT / OTHER

Type of housing: HOUSE / APARTMENT / CONDO / OTHER: _____ For how long? _____

Do you... OWN / RENT / LIVE WITH FAMILY / LIVE WITH ROOMMATES / OTHER: _____

What qualities are important to you for your new cat? (ie calm, litter box trained, affectionate, good with other animals/kids)

How much time will the cat be alone? Hours per day _____ Days per week: _____

Where will the cat be kept when home alone? INDOORS / OUTDOORS / BARN / GARAGE / OTHER: _____

Where will the cat be kept at night? INDOORS / OUTDOORS / OTHER: _____

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

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

DOGS: _____ CATS: _____ OTHER: _____

How many pets do you currently own?

DOGS	_____	TYPE/BREED	_____	AGE	_____
CATS	_____	TYPE/BREED	_____	AGE	_____
OTHER	_____				

Are your pets spayed/neutered? YES / NO If no, why? _____

Are your pets up to date on vaccines? YES / NO If no, why? _____

Which vet clinic would have records (past/present)? _____

Which vet clinic will you take your new pet to? _____

Have you ever had to rehome a pet? If so, why? _____

Only ONE reference can be a relative, and that relative must not live with you. All references MUST be 18 years of age or older. If references do not call back before 72 hours after initial contact, we will move to the next applicant.

REFERENCE 1

Name:	_____	Relationship:	_____
Phone #:	_____	Email:	_____
Best time to reach:	_____		

REFERENCE 2

Name:	_____	Relationship:	_____
Phone #:	_____	Email:	_____
Best time to reach:	_____		

VETERINARIAN

Name:	_____	Phone #	_____
Email:	_____	Best time to reach:	_____

LANDLORD (if applicable)

Name:	_____	Phone #	_____
Email:	_____	Best time to reach:	_____

A cat can live to be well over 10 years of age and requires a commitment of time, exercise, finances, and emotional stimulation.

DO YOU FEEL YOU CAN MAKE THAT KIND OF LONG-TERM COMMITMENT AT THIS TIME? YES / NO

Please check off all areas (minimum 2) you would like to discuss with Shelter Management:

Introducing cat to other pets _____	Diet/Nutrition _____	Toys/Enrichment _____
Kids & Cats / Kittens _____	Socialization _____	Pet Identification _____
Litter Box Training _____		

SHELTER USE ONLY

APPROVED: YES / NO Date Approved: _____

Manager: _____ Assistant Manager: _____

Comments: _____
