

## Simcoe and District Humane Society

### *Feline Pre-Adoption Questionnaire*

Simcoe and District Humane Society reserves the right to reject adoption applications. All information provided will be kept strictly confidential.

The purpose of this questionnaire is to ensure all animals are placed in the appropriate home environment. Please circle Y for yes and N for no.

1. Have you ever applied to adopt an animal from a rescue, shelter or humane society before? Y N

a. If yes please provide name of adoption agency and contact person:

▪ Adoption Agency \_\_\_\_\_

▪ Contact Person (if known) \_\_\_\_\_

b. Did you adopt an animal from this agency? Y N

▪ If yes, what type(s) of animal(s) did you adopt? Cat \_\_\_\_\_ Dog \_\_\_\_\_ Other \_\_\_\_\_

▪ If no, please provide reason(s) you did not adopt:

Application Refused

Cost

No Appropriate Animal

Other: (please explain) \_\_\_\_\_

2. Animals under 5-6 months (due to veterinary preference) or those with extreme medical needs may not be altered at time of adoption.

a. Are you intending to adopt this animal for breeding purposes? Y N

b. Do you understand that kittens **MUST be altered by 6 months** and/or at the earliest appropriate stage with your veterinarian's direction? Y N

▪ Will you ensure the animal does not get pregnant or create a pregnancy? Y N

3. **SDHS would prefer all cats be kept indoors.** Will the cat be kept inside? Y N

a. If no, how will you ensure its safety? Please explain:

4. Do you rent or own your home? Rent \_\_\_\_\_ Own \_\_\_\_\_

a. If you rent, do you have a lease with an animal clause? Y N

b. Does this clause allow you to have animals? Y N

c. Would you provide a letter from the landlord which states animals are allowed? Y N

5. Some Municipalities have limits on pets owned in one home, or have bylaws on licensing. Are you aware of any current municipal by-laws that might affect your companion animal? Y N

a. Please explain: \_\_\_\_\_

6. Have you ever housetrained a cat before? Y N

7. Do you presently or have you ever had any companion animals? Y N

a. Please list any animals in your home at this time:

b. If you had companion animals but they are no longer in your home please explain what happened to them:

8. Change of location, food, and additions to households may stress some animals which may create many medical and behavioural issues.

a. Are you willing to work responsibly on integrating the animals in the household? Y N

b. Have you ever integrated animals before? Y N (*If No, please ask an associate or volunteer how!*)

c. If yes, was it successful? Y N

9. Can you afford the cost of regular veterinary care, spay/neuter, food etc.? Y N
10. Do you have the extra time to raise, exercise, train and maintain a companion animal? Y N
11. How many people reside in your home? # of adults \_\_\_\_\_ # of children \_\_\_\_\_

a. Please list ages of children

- |  |  |
|--|--|
| <input type="checkbox"/> 0 – 6 months        | <input type="checkbox"/> 3 – 6 years   |
| <input type="checkbox"/> 6 – 18 months       | <input type="checkbox"/> 6 – 12 years  |
| <input type="checkbox"/> 18 months – 3 years | <input type="checkbox"/> 12 – 18 years |

b. Have they been around animals before? Y N

- |  |   |
|--|---|
| <input type="checkbox"/> Dog                                     | <input type="checkbox"/> Horses or other farm animals |
| <input type="checkbox"/> Cat                                     | <input type="checkbox"/> Rabbits                      |
| <input type="checkbox"/> Small pets (guinea pigs, hamsters etc.) | <input type="checkbox"/> Other: _____                 |

12. Are there any allergies to animals in your family? Y N

a. If yes, to what kind of animal(s)?

- |  |   |
|--|---|
| <input type="checkbox"/> Dog                                     | <input type="checkbox"/> Horses or other farm animals |
| <input type="checkbox"/> Cat                                     | <input type="checkbox"/> Rabbits                      |
| <input type="checkbox"/> Small pets (guinea pigs, hamsters etc.) | <input type="checkbox"/> Other: _____                 |

13. If you go on vacation, what will you do with your pet?

- |  |   |
|--|---|
| <input type="checkbox"/> Board at kennel | <input type="checkbox"/> Stay at family or friends home |
| <input type="checkbox"/> Board at vet    | <input type="checkbox"/> Other: _____                   |
| <input type="checkbox"/> Pet Sitter      |   |

Name of Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

1. Is there anyone home during the day? Y N Sometimes \_\_\_\_\_

2. Are you moving in the near future? Y N

3. You must be over 18 to sign the SDHS Adoption Agreement or have parent/guardian signature.

a. Are you 18 years of age or over? Y N

b. Are you over 65? Y N

- If yes, do you have arrangements for the care of your pets if/when you are no longer able to look after them? Y N

**The SDHS reserves the right to inspect your property to ensure suitability for the animal prior to adoption. Refunds are given ONLY if the animal is not medically sound and/or there is documented proof of allergic reactions. We cannot be responsible for the disposition of the adopted animal.**

I have read the pre-adoption questionnaire and have answered all questions and provided the information as required.

I have read the Insurance information and understand that I must click the link in the email I will receive to confirm my 6-week trial of insurance and that if I do not accept the trial offer, I will be responsible for all medical or emergency care that may incur adopting a shelter animal.

I have filled out the personal information on page 3 of the pre-adoption questionnaire and understand my personal information will be kept strictly confidential and used for the purpose of adoption of an animal from SDHS.

I will follow through with post-adoption reports as requested.

I understand that I may receive emails and updates from SDHS regarding post-adoption follow-up, events and SDHS updates.

I declare that all information regarding this application for adoption is true and that I have provided accurate and correct information regarding this application and my personal information.

I have filled out the Consent to add email and other contact information to database (Canadian Anti-Spam Law)

**Simcoe and District Humane Society**

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**Personal Information for Adoption of an animal from Simcoe and District Humane Society**

Name: (Please print clearly) \_\_\_\_\_

Identification#: \_\_\_\_\_ Type of ID: \_\_\_\_\_

(This may include Driver's License, Student Card, or other photo ID - *Ontario Health Card may NOT be used*)

Date of Birth: (MO) \_\_\_\_\_ (DY) \_\_\_\_\_ (YR) \_\_\_\_\_

Street Address: \_\_\_\_\_ Apart./Unit/P.O. Box \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(if different from actual living address)

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone: ( \_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_ ) \_\_\_\_\_ Bus Phone( \_\_\_\_ ) \_\_\_\_\_

Email address: \_\_\_\_\_

*A valid email address is required for SDHS records and to apply for the 6 week gift of insurance.*

*If there is a second person (example: spouse, co-habitant etc.) adopting this animal with you please provide their information below:*

Name: (Please print clearly) \_\_\_\_\_

Identification#: \_\_\_\_\_ Type of ID: \_\_\_\_\_

(This may include Driver's License, Student Card, or other photo ID - *Ontario Health Card may NOT be used*)

Date of Birth: (MO) \_\_\_\_\_ (DY) \_\_\_\_\_ (YR) \_\_\_\_\_

Street Address: \_\_\_\_\_ Apart./Unit/P.O. Box \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(if different from actual living address)

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone: ( \_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_ ) \_\_\_\_\_ Bus Phone( \_\_\_\_ ) \_\_\_\_\_

Email address: \_\_\_\_\_

**Emergency/Other contact to add for microchip registration:**

Name: (Please print clearly) \_\_\_\_\_

Home Phone: ( \_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_ ) \_\_\_\_\_ Bus Phone( \_\_\_\_ ) \_\_\_\_\_

**Consent to add email and other contact information to database (Canadian Anti-Spam Law)**  
**Simcoe and District Humane Society may be feeding a Royal Canin Diet to my newly adopted pet. With every five adoptions registered, SDHS will receive a free 30 lb bag of donated food.**

**I consent to use my email address at [www.petfirst.ca](http://www.petfirst.ca), Royal Canin's new adopter's website to help SDHS and receive emails regarding pet health and coupons for Royal Canin food.**

**You may withdraw your consent at any time.**

**Simcoe and District Humane Society relies on donations and fundraising to help the animals. The Society also depends on the use of emails to collect post adoption updates (photos included). We ask that you add [info@s-dhs.ca](mailto:info@s-dhs.ca) and [adoptions@s-dhs.ca](mailto:adoptions@s-dhs.ca) to your list of approved senders.**

**I consent to receive Simcoe and District Humane Society's electronic newsletters containing information, updates and fundraising events. You can withdraw your consent at any time.**

**At the time adoption and with a valid email address, Simcoe and District Humane Society and 24PetWatch offers a trial of pet insurance. There may be a time when SDHS will send license renewal notices via email.**

**I consent to share my contact information with Pethealth, Inc. for the purposes of receiving the 24PetWatch Gift of Insurance; you can withdraw your consent at any time.**

**I consent to share my contact information with Pethealth, Inc. for the purposes of microchip registration; you can withdraw your consent at any time.**

**I consent to share my contact information with Pethealth, Inc. for the purposes of License Renewal Notices. You can withdraw your consent at any time.**

**I understand that Pethealth Inc may send information on other services provided by their company. You can withdraw your consent at any time.**

**I, \_\_\_\_\_ declare that all information regarding this application for adoption is true and that I have provided accurate and correct information regarding this application and my personal information.**

**Adopter Signature \_\_\_\_\_ Date: (MO) \_\_\_\_\_ (DY) \_\_\_\_\_ (YR) \_\_\_\_\_**

**Adopter Signature \_\_\_\_\_ Date: (MO) \_\_\_\_\_ (DY) \_\_\_\_\_ (YR) \_\_\_\_\_**

**Parent/Guardian: (Please print clearly) \_\_\_\_\_ Contact Phone : (\_\_\_\_) \_\_\_\_\_**

**(Needed if adopter is under 18)**

**Parent/Guardian Signature: \_\_\_\_\_**