



NORTHERN LIGHTS REGIONAL HUMANE SOCIETY

Adoption Fees Apply
 Adult Dog: \$400 Puppy: \$350
 Adult Cat: \$150 Kitten \$150

PO Box 481 High Level, AB T0H 1Z0
 (780) 926-5520 shelter.nlhs@live.ca

CAT ADOPTION APPLICATION FORM

DATE: _____

FULL NAME(S)		MAIN PHONE #
MAILING ADDRESS	EMAIL	SECONDARY PHONE #
PHYSICAL ADDRESS	PROVINCE	DATE OF BIRTH
CITY / TOWN	POSTAL CODE	LANDLORD CONTACT INFORMATION:
DO YOU OWN OR RENT YOUR HOME? OWN RENT LIVE WITH PARENTS	LANDLORD OR MGMT COMPANY NAME	
HOW LONG HAVE YOU LIVED AT CURRENT RESIDENCY? _____ YRS _____ MONTHS	DO YOU HAVE THE LANDLORDS PERMISSION? YES NO	WHAT IS THE LANDLORDS CURRENT PET POLICY?
DO YOU HAVE A FENCED YARD? YES (HEIGHT) _____ NO ESCAPE PROOF GATE? YES NO	LIVE IN APARTMENT CONDO FARM ACERAGE HOUSE IN TOWN OTHER _____	
NUMBER OF ADULTS IN THE HOME _____	NUMBER OF CHILDREN IN THE HOME 0-5 YRS _____ 6-12 YRS _____ 12-17 YRS _____	
NUMBER OF OTHER PETS IN THE HOME DOG _____ CAT _____ OTHER _____	DOES ANY FAMILY MEMBER HAVE ALLERGIES TO ANIMALS? NO YES, PLEASE EXPLAIN: _____	
IF YOU CURRENTLY HAVE OTHER ANIMALS BREED _____ SEX _____ SPAYED/NEUTERED BREED _____ SEX _____ SPAYED/NEUTERED BREED _____ SEX _____ SPAYED/NEUTERED BREED _____ SEX _____ SPAYED/NEUTERED DO YOU HAVE ANY LIVESTOCK? YES NO TYPE:	HAVE YOU PREVIOUSLY HAD OTHER ANIMALS? NO YES, WHAT HAPPENED TO IT? HAVE YOU EVER SURRENDERED OR GIVEN AWAY AN ANIMAL? NO YES, PLEASE EXPLAIN: HAVE YOU EVER BEEN CONVICTED OF NEGLECT OR CRUELTY TO ANIMALS? NO YES, PLEASE EXPLAIN:	
THE CAT I AM INTERESTED IN APPLYING FOR:	IS THIS CAT FOR: YOURSELF SOMEONE ELSE GIFT OTHER	
WHAT AGE OF PET ARE YOU INTERESTED IN KITTEN MIDAGE CAT SENIOR CAT	HAVE YOU ADOPTED FROM THIS SHELTER OR ANOTHER SHELTER IN THE PAST YES NO	
BREED	I PREFER A PET WHOSE ENERGY LEVEL IS: LOW MEDIUM HIGH	
SEX: FEMALE MALE	DO YOU AGREE WITH SPAY / NEUTERING THIS PET YES NO	
WHAT ARE THE TRAITS YOU MOST DESIRE IN A PET?		
DOES THE ENTIRE HOUSEHOLD AGREE ON THE ADOPTION OF THIS PET YES NO		
WHY ARE YOU LOOKING TO ADOPT COMPANIONSHIP FOR KIDS FARM CAT		
ARE YOU WILLING TO TAKE RESONSIBILITY FOR THIS PET FOR THE NEXT 15-20 YEARS?		YES NO, PLEASE EXPLAIN:
WILL YOU PROVIDE THE PET WITH THE NECESSARY VACCINATIONS FOR ITS LIFE TIME?		YES NO
HAVE YOU RESEARCHED THE BREED YES NO	WHO WILL BE RESPONSIBLE FOR THIS ANIMAL?	
IF THE PET BECOMES ILL OR INJURED WILL YOU SEEK TREATMENT FROM A VET YES NO		



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ARE THERE ANY BAD HABITS THAT YOU CANNOT TOLERATE?			
WHAT REASONS WOULD CAUSE YOU TO SURRENDER THE CAT?			
APPROXIMATELY HOW MUCH DO YOU THINK YOUR CAT WILL COST A YEAR? VET/MEDICAL _____ FOOD _____ BOARDING _____ GROOMING _____ OTHER _____			
WHAT ARE YOUR EXPECTATIONS WHEN OWNING A CAT			
HOW LONG DO YOU THINK IT WILL TAKE YOUR FAMILY AND THE CAT TO ADJUST?			
WHERE WILL YOUR CAT BE WHEN YOU ARE HOME?			
WHERE WILL YOUR CAT STAY DURING HOLIDAYS / VACATION?			
WHERE WILL YOUR CAT BE WHEN YOU ARE NOT HOME?			
THE NOISE AND ACTIVITY LEVEL IN THE HOME LOW MEDIUM HIGH			
ON AVERAGE, HOW MANY HRS/DAY WILL YOUR CAT BE ALONE 1-4 HRS 4-8 HRS 8+ HRS			
WHERE WILL THIS CAT BE PRIMARILY? INDOORS OUTDOORS: DESCRIBE _____ OTHER: _____			
ARE YOU WILLING TO TAKE TRAINING/ OBEDIENCE OR CARE CLASSES YES NO			
IF THE PET HAS BEHAVIOUR PROBLEMS, WHAT ACTIONS WILL YOU TAKE?			
DO YOU HAVE TIME TO TRAIN AND CARE FOR A CAT? YES NO		IF YOU MOVE, DO YOU PLAN TO TAKE THIS PET WITH YOU? YES NO	
ARE YOU WILLING TO ALLOW A NORTHERN LIGHTS REGIONAL HUMANE SOCIETY REPRESENTATIVE TO DO A SCHEDULED HOME VISIT? YES NO			
VETERINARY CLINIC OR VETERNARIAN NAME			PHONE NUMBER
PERSONAL REFERENCE 1			
FULL NAME		PHONE NUMBER	RELATIONSHIP
PERSONAL REFERENCE 2			
FULL NAME		PHONE NUMBER	RELATIONSHIP
I UNDERSTAND ALL INFORMATION PROVIDED IN THIS APPLICATION IS WILL BE USED FOR THE SOLE PURPOSE OF DECIDING IF THE PROPOSED ADOPTION IS IN THE BEST INTEREST OF BOTH THE INDIVIDUAL AND ANIMAL. ADDITIONALLY, I DO UNDERSTAND THAT ALL QUESTIONS MUST BE COMPLETED AND ANY FALISIFIED INFORMATION WILL RESULT IN A REJECTED APPLICATION.			
APPLICANT 1 SIGNATURE			DATE
APPLICANT 2 SIGNATURE			DATE



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Additional Comments