



165 Baybreeze Drive, Dalhousie NB E8C 1E4 Tel: 506-684-4396 Fax: 506-684-3875
Business Hours: Tuesday - Sunday, 9 a.m. - 4 p.m. (CLOSED MONDAYS)
Email: receptionsPCA@bellaliant.com

Cat Adoption Information & Requirements

- A piece of identification is required with current address: Must be 19 years and older
- **Adoption Fee:**
 - Spayed/Neutered Cats \$95
 - Cats that are not spayed/neutered \$55 adoption fee + \$ 40 spay/neuter deposit, which is returned once we receive proof of spaying/neutering
 - Bonded Pairs: \$140

Please remember that the adoption fee does not even cover the cost of care we put into each animal.

- Included in the adoption fee:
 - First Vaccination
 - Worm Treatment
 - Microchip
 - Nail Clipping
 - Ear Cleaning
 - Flea Treatment
 - Adoption Kit
- Animals not spayed/neutered must be spayed/neutered within 4 months of the adoption date. Exception given to kittens and puppies under 6 months of age. A copy of the contract must be returned filled out by a veterinarian.
- Our mandate is to prevent litters. Households with non-spayed/non-neutered animals already will be limited to adopting ONLY animals which are already spayed/neutered at our shelter.
NOTE: If a valid medical reason exists for not spaying/neutering your pets already at home, it must be verified by your veterinarian after which you may apply to adopt non-spayed/non- neutered animals of the same sex at our shelter, which you agree to spay/neuter as per adoption contract.
- We try to match each animal with its new owner based on a number of criteria (behavior, activity level, temperament, etc.) We reserve the right to refuse any application if it is not in the animal's best interest. While you may not be approved for a particular animal, this does not mean you would not be suitable for another animal. We strive to find forever homes and each time an animal is returned it makes it that much harder to adopt them and creates more issues and stress on the animal.
- **Falsified answers will lead to automatic refusal of this application.**
- If you are renting, we require a copy of your lease agreement showing pets are allowed or a direct phone call to the landlord.
- The best ways to avoid disappointment and undue stress when you find the right animal for you is to be pre-approved for adoption. Pre-approved applications are valid for a period of 1 year.
- Prior to adopting an animal, it is important to:
 - Assess the costs of having a pet; food, visits to the vet, litter, care products, etc.
 - Know your animal's life expectancy and whether you have the time and energy to take care of a pet day after day.

Adoption Questionnaire

What animal(s) are you interested in (name or breed)? _____

Your Name: _____ Date: _____

Current Address: _____ City/Town: _____

Postal Code: _____

Home Phone: # _____ E-mail: _____

How long have you lived at this residence? _____

Any plans to move in the next year? ____Yes ____No

If yes, do you plan on bringing the animal with you? ____Yes ____No

If renting, you are required to provide your landlord's name & number:

Are you 19 years of age or older? Yes ____ No ____ Are you employed? Yes ____ No ____

How many people live in your household? Adults ____ Youth ____ Children Under 12 ____

Please List 3 References (No Family):

PLEASE PROVIDE REFERENCES WHO DO NOT LIVE WITH YOU AND ARE NOT RELATED TO YOU.

Name	Phone Number	Relationship (No relatives, inlaws, exes)

If you have had animals in the past 5 years and they are no longer with you, where are they now?

Please list the animals you **currently** have in your home.

Name	Breed Species	Where does he/she stay during the day	Where does he/she stay during the night	Age	Sex	Altered (spayed/neutered)	Last Vaccination Date

If your animals aren't spayed/neutered, please explain why: _____

Do you have a veterinary clinic that you frequent? Yes ____ No ____

Veterinary Clinic: _____ Phone Number: _____

Do you agree with having this animal spayed/neutered, if not done at time of adoption? Yes__ No__

Have you invested time and thought into welcoming a new pet into your home? Yes ____No ____

If a family member develops allergies to cats how will you resolve this? _____

Is your street? ☐ Busy ☐ Quiet

Will this cat stay? ☐ Indoors Only ☐ Outdoors Only ☐ Indoors & Outdoors

Are you aware of **existing bylaws** that pertain to cats in your community? ____ Yes ____ No

Are you aware of veterinary costs annually for this pet? ____ Yes ____ No

Where will this cat stay during family vacation? _____

What sex would you like your new cat to be? ____ Female ____ Male ____ Either

Age: ____ Kitten ____ Adult ____ Senior Coat: ____ Short ____ Medium ____ Long ____ Either

Under what circumstances would you return your cat?

☐ Aggressive ☐ Scratching Furniture ☐ Litter Box Problems ☐ Cat Becomes Sick ☐ Health

☐ Does not get along with other pets ☐ Too Costly ☐ No time ☐ New Baby ☐ Allergies ☐ None

I would like my new cat to:	Important	Not Important
Be friendly with children		
Be friendly with other cats		
Be friendly with dogs		
Be friendly with me		
Be friendly with visitors		
Enjoy being groomed		
Enjoy being held		
Enjoy being petted		
Be calm		
Be playful		
Be independent		
Never wake me up at night		
Never scratch the furniture		
Never show aggression		
Always use the litter box		

If you have ever surrendered a pet to the SPCA in the past, what was the reason?

Have all family members been introduced to the pet? ____ Yes ____ No

Have you or a family member made arrangements to spend a few days with this animal as it becomes accustomed to its new environment? ____ Yes ____ No

Have you been in contact with any sick animals in the past 30 days? ____ Yes ____ No

By signing below, I certify that the information I have given is true and that any misrepresentation of facts will result in losing the privileged of adopting an animal. I understand that the Restigouche County SPCA has the right to deny my request to adopt an animal and I authorize the investigation of all statements in this application.

Applicants Signature

Date:

Office Use Only

Verification in Pet Point (by name, address, phone): Comments: _____

Approved _____ Refused _____ Team Lead Initials: _____

Date Notified _____ Notified by Staff Initials _____

Notes: _____

SHELTER STAFF NOTES:

SHELTER ATTENDANT: Name: _____

SHELTER ATTENDANT: Name: _____

SHELTER ATTENDANT: Name: _____

TEAM LEAD: Name: _____

TEAM LEAD: Name: _____

TEAM LEAD: Name: _____
