



165 Baybreeze Drive, Dalhousie NB E8C 1E4 Tel: 506-684-4396 Fax: 684-3875  
Business Hours: Wednesday – Sunday, 12pm – 4 p.m.  
Email: [receptionspca@bellaliant.com](mailto:receptionspca@bellaliant.com)

### **Cat Adoption Information & Requirements (Rev. Jan 8<sup>th</sup>, 2019)**

- A **piece of identification** is required with current address: Must be 19 years and older
- **Adoption Fee:**
  - Spayed/Neutered Cats \$85
  - Cats that are not spayed/neutered \$45 adoption fee + \$ 40 spay/neuter deposit, which is returned once we receive proof of spaying/neutering
  - Bonded Pairs: \$120

*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 2 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 opposite species at our shelter, which you agree to spay/neuter.
- 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 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 6 months.
- 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: # \_\_\_\_\_ Work Phone: # \_\_\_\_\_ Cell 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: \_\_\_\_\_

If you live in low income housing (Ex. NB housing), have you submitted an application through the above organization?  Yes  No

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): SHELTER MANAGEMENT CONTACTS ALL REFERENCES BEFORE AN ANIMAL CAN LEAVE THE SHELTER PRIOR TO ADOPTION. WE WILL NOTIFY YOU WHEN YOUR REFERENCES HAVE BEEN CHECKED. PLEASE PROVIDE REFERENCES WHO DO NOT LIVE WITH YOU AND ARE NOT RELATED TO YOU. NOTE: Please ensure your references know to expect our call and that you provide DAYTIME contact numbers. We call them, or they can return our call, between 9am-4pm most days. We may also contact them via email.**

1. Name: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

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: \_\_\_\_\_

**Please Check: I give permission for the veterinary clinic mentioned above to release any information that would support my suitability as an adopter.**  Yes  No

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  
 Will you be having this cat declawed? \_\_\_Yes \_\_\_ No If yes, why? \_\_\_\_\_  
 Are you aware of veterinary costs annually for this pet? \_\_\_Yes \_\_\_No  
 Where will this cat stay during family vacation? \_\_\_\_\_

What would you like your new cat to be? **Sex:** \_\_\_Female \_\_\_ Male \_\_\_ Either  
**Age:** \_\_\_Kitten \_\_\_ Adult \_\_\_Senior **Coat:** \_\_\_ Short \_\_\_ Medium \_\_\_ Long \_\_\_ Either  
 Why do you want this animal? \_\_\_ Companion \_\_\_ Breeding \_\_\_ Mouser \_\_\_ Barn Cat  
 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

<b>I would like my new cat to:</b>	<b>Important</b>	<b>Not Important</b>
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
Signature of RCSPCA Staff Member Receiving Application	Date Time

**Office Use Only**  
 Verification in Pet Point (by name, address, phone): N/A: \_\_\_ Comments: \_\_\_\_\_  
 Approved \_\_\_ Refused \_\_\_ 1<sup>st</sup> Team Lead Initials: \_\_\_\_\_ 2<sup>nd</sup> Team Lead Initials: \_\_\_\_\_  
 Date Notified \_\_\_\_\_ Notified by Staff Initials \_\_\_\_\_ Hold Dates \_\_\_\_\_  
 Comments: \_\_\_\_\_

**SHELTER STAFF NOTES:**

**SHELTER ATTENDANT: Name:** \_\_\_\_\_

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**SHELTER ATTENDANT: Name:** \_\_\_\_\_

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**SHELTER ATTENDANT: Name:** \_\_\_\_\_

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**TEAM LEAD: Name:** \_\_\_\_\_

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**TEAM LEAD: Name:** \_\_\_\_\_

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**TEAM LEAD: Name:** \_\_\_\_\_

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