



## Barn Buddies Adoption Application

Applicant Name: \_\_\_\_\_

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

City, Province \_\_\_\_\_ Postal code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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

Description of residence:

Barn  Greenhouse  Warehouse

Other:   
(please describe)

Do you own the property? Yes  No

If no, do you have the permission of the landlord/owners to obtain a barn cat? Yes  No

Does someone live on the property? Yes  No

Please describe the size and conditions of the property? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe the structure where the cat(s) will be housed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How far is the building from the road/traffic? \_\_\_\_\_

Volume of Traffic: Light  Medium  Heavy

If you were to sell the property, what would your plan be for the cats? \_\_\_\_\_  
 \_\_\_\_\_

Will you be able to pick up the cat within 72 hours of being approved for the program by the HBSPCA? Yes  No

Please list all cats/dogs currently living at your address and any you have owned in the past 3 years:

Species	Age	Sex	Neutered/Spayed?	Rabies vaccinated?	Still owned?
Dog / Cat			Yes / No	Yes / No	Yes / No
Dog / Cat			Yes / No	Yes / No	Yes / No
Dog / Cat			Yes / No	Yes / No	Yes / No
Dog / Cat			Yes / No	Yes / No	Yes / No

Name of Current Veterinarian: \_\_\_\_\_

Why do you want a Barn Buddy for your property?

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It is imperative that the cat(s) be confined for a minimum of 2-4 weeks. Are you prepared to allow this much time?

Yes

No

We recommend adopting multiple barn cats where possible in order to ease the transition for the animals. Are you willing to adopt more than one barn cats?

Yes

No

Who will be responsible for the care of the cat(s)?

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In case of illness or injury, as well as for annual examinations and vaccinations, do you agree to humanely trap and transport the cat(s) to the veterinarian?

Yes

No

*I have read and understand the terms of this adoption agreement. I certify the above information is true to the best of my knowledge. I understand false information may result in the nullification of this adoption agreement. I understand and approve of a staff member of the HBSPCA visiting my property to ensure the area is appropriate for the animal(s) I wish to adopt.*

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**Signature of Applicant**

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**Date Signed**

Return applications by email to [info@hbspca.com](mailto:info@hbspca.com)  
by fax to 905 574-9087  
in person at 245 Dartnall Rd