

Adoption Questionnaire

Name: _____ Date: _____

Address: _____

Home Phone: _____ Work phone: _____

Your Household

1. Number of adults in household? _____ Child(rens) ages: _____
2. Housing: Own House (1 or 2 story?) Rent (house apt or mobile)
 - Landlord's name _____ phone: _____
3. Activity level in your home is: Quiet Active Hectic
4. Time at home: Rarely (sleep there only) At home when not working Home all day
5. Does any member of your household have allergies to animals? _____
6. Occupation(s) _____

Your Pet History

6. Please check one: Never had pets Had pets as a child Had pets all my life
7. Are you looking for a kitten (less than 5 months old) Adult Senior cat (10+)?
8. Do you prefer a male or female? _____ Do you prefer certain color/breed? _____
9. Where would the cat be kept during the day/night? _____
10. Primary reason for adopting a cat? _____
11. Type of pet(s) (current and previous):

Type of pet	Age	Sex	Spayed/Neutered?	Kept Indoor/Out?	How long owned?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
12. Cats are as individual as people and need time to adjust to a new environment. Are you willing to spend time and effort in helping this cat adjust to your family? Yes No
 - ◆ How long do you think this adjustment should take? _____
13. Under what circumstances would you not keep this cat? _____

Please complete reverse

14. Do you plan to declaw? (front only)
15. Would you object to an inspection of your premises? Yes No
16. What is the name of your veterinarian? _____
17. How much would you expect to pay in vet care, food, toys, etc per year? _____
18. What would you do with your pet(s) if/when you have to move? _____

To Be Completed by Rescuer/Foster Parent

I reviewed the following topics with potential adopter:

- | | |
|--|---|
| <input type="checkbox"/> Time commitment | <input type="checkbox"/> Financial commitment |
| <input type="checkbox"/> "Ideal" home for cats | <input type="checkbox"/> Destructive scratching/declawing |
| <input type="checkbox"/> Litterbox training/issues | <input type="checkbox"/> Introducing cat to household (people, pets) |
| <input type="checkbox"/> Vaccinations & vet care | <input type="checkbox"/> Shelter vs home life behavior (what to expect) |
| <input type="checkbox"/> Requirement that cat remain indoors | <input type="checkbox"/> Spay/neuter requirement (if applicable) |