

Cat Adoption Questionnaire



PLEASE PRINT CLEARLY

NAME: _____ DATE: _____

SPOUSE/ROOMMATE: _____

ADDRESS: _____

CITY: _____ ZIP: _____

HOME PHONE:(_____) _____

EMAIL: _____

OCCUPATION: _____

SPOUSE'S OCCUPATION: _____

EMPLOYER: _____

SPOUSE'S EMPLOYER: _____

WORK PHONE:(_____) _____ SPOUSE'S WORK PHONE:(_____) _____

| |
|---|
| BREED: _____ |
| COLOR: _____ |
| AGE: _____ SEX: _____ |
| FOSTER PARENT'S NAME: _____ _____ |

1. Do you live in a: House _____ Condo _____ Apartment _____ Mobile Home _____ Military _____
Other (please specify) _____

2. How long have you lived there? _____

If less than 2 years, give previous address:

3. Do you rent? Yes _____ No _____

If yes, do you have your landlord's permission to have cats? Yes _____ No _____

4. May we contact your landlord? Yes _____ No _____ Name: _____

Phone:(_____) _____ Contact Date: _____

5. Name of veterinarian/hospital: _____

Estimated annual cost for medical

care: _____

6. Would you object to an inspection of your residence? Yes _____ No _____

7. Do you plan to put an ID Tag on this cat? Yes _____ No _____

8. How many hours a day will this cat be left alone?

Where will the cat be kept during this time?

9. Will the cat be kept: Indoors? _____ Outdoors? _____ Do you have a balcony? Yes _____ No _____

Do you have screens on all your windows? Yes _____ No _____

10. Where will you keep your litterbox?

11. Is anyone in your household allergic to animals? Yes_____ No_____

12. Have you owned a dog or cat before? Yes_____ No_____

If yes, what happened to them? (If deceased, please state cause of death and how long ago):

-please complete back side of this form-

13. What other animals do you currently own? # of dogs:_____ # of cats:_____

Give breed, sex, and ages of all

pets:_____

If cats, do they have their claws? Yes_____ No_____

14. Have they been spayed/neutered? Yes_____ No_____

15. When were they last vaccinated? _____

16. List the names and ages of all children living at home:

17. Where will the cat sleep? (please be specific)

18. Who will be responsible for feeding, grooming, and training your new cat?

19. Cats have been known to claw furniture, carpet and drapes, dig in potted plants, etc. How do you plan to deal with these potential problems?

20. How soon after the cat arrives home will it be left alone?

21. How often do you travel? _____

How do you plan to provide for the cat when you are out of town?

22. What will happen to the cat if you move: Locally?

Out of state? _____ Overseas?

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23. Under what conditions would you not keep this cat? Divorce _____ Move _____ New Baby _____
New job _____ Illness _____ New Boyfriend/Girlfriend/Roomate _____
Other (please specify) _____
24. Why do you want a cat? (Please number as many choices as apply, in order of importance: 1, 2, 3)
For children _____ Companion _____ For Spouse _____ Mouser _____ As a Gift _____
For another pet _____ Other (please specify) _____
25. Do you plan to declaw your cat? Yes _____ No _____ If so, why?

26. How did you learn about this cat? [] Union Tribune, [] Radio or TV, [] Other

27. Cats can live longer than 15 years and their care may amount to over \$400.00 per year.
Are you prepared to accept this kind of responsibility for his/her entire life? Yes _____ No _____

I CERTIFY THAT THE ABOVE IS TRUE, AND THAT ANY FALSE INFORMATION MAY RESULT IN NULLIFYING THE ADOPTION.

Signature: _____ Date: _____

Current 3/09

