



### CAT ADOPTION QUESTIONNAIRE

It is our policy to make certain that each person who adopts a pet is aware of the responsibilities of pet guardianship, and is capable of and willing to accept those responsibilities morally, physically and financially. Not every person who desires to adopt a pet should do so.

By completing this questionnaire, you will aid us in determining if you and your family are indeed ready for pet guardianship, and if the pet of your interest would suit you and your lifestyle. Should you agree that adopting a pet is a commitment throughout the lifetime of your companion animal, please fill out this questionnaire.

ANIMAL(S) OF INTEREST: \_\_\_\_\_

#### PERSONAL INFORMATION MUST HAVE VALID DRIVER'S LICENSE OR STATE ID

Name: \_\_\_\_\_ Age, if under 18: \_\_\_\_\_

Name of O spouse ~ O partner ~ O roommate:  
\_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County \_\_\_\_\_

Please list two phone numbers

Main phone: \_\_\_\_\_

Alternate phone: \_\_\_\_\_

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

Work schedule: \_\_\_\_\_

Spouse's hours: \_\_\_\_\_

Names of all persons living in your household, their relationship to you and their ages:  
\_\_\_\_\_  
\_\_\_\_\_

#### YOUR HOME

Type of dwelling? O House ~ O Apartment ~ O Condo ~ O Other \_\_\_\_\_

O Own or O Rent? If Condo, what are the association's rules about pets? \_\_\_\_\_

Landlord's name: \_\_\_\_\_

Phone: \_\_\_\_\_

## YOUR COMPANION ANIMALS

Have any of your pets ever had puppies/kittens?  Yes ~  No

If yes, you breed for:  Fun ~  Profit ~  Show ~  By Accident

Has any member of your family ever experienced animal-related allergies?  Yes ~  No

Do you presently have any animals?  Yes ~  No

Have you previously had a pet?  Yes ~  No

Are your current animals up to date on vaccinations?  Yes ~  No

### CURRENT PETS (List additional on back)

Name & Breed	Age	Sex	Altered?	How & Why Obtained?	How Long?

### PREVIOUS ANIMAL(S)

Breed	Age	Sex	Altered?	Kept In/Out	What Happened?	What Year?

### Your Family Veterinarian:

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

Phone: \_\_\_\_\_

## YOUR NEW PET

The pet will be primarily kept  Indoors ~  Outdoors

Do you travel a great deal?  Yes ~  No

How often? \_\_\_\_\_ How long at a time? \_\_\_\_\_

When you do travel, how do you intend to provide for the pet while you are

gone? \_\_\_\_\_

Under what circumstances would you not keep the pet?

Divorce ~  Illness In Family ~  Moving ~  New Baby ~  New Job ~  Houstraining Problem ~  Chewing ~  Allergy ~  Shedding Too Much ~  Kids Ignore Cat ~  Pets Didn't Get Along ~  Other (explain) \_\_\_\_\_ ~  Would Not Give Up For Any of The Above

The pet may live 15+ years, what would you do with your cat if you could no longer care for the pet?

\_\_\_\_\_

\_\_\_\_\_

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If the pet becomes destructive at your home, what would you do?

\_\_\_\_\_

If the pet has "accidents" at your homes, what would you do? \_\_\_\_\_

\_\_\_\_\_

If the pet becomes aggressive to people and/or other animals, what would you do?

~ People Aggression: \_\_\_\_\_

~ Animal Aggression: \_\_\_\_\_

If the pet becomes ill or injured, are you financially prepared to provide the medical care?

Yes ~  No

If yes, is there a maximum amount you would spend for your pet's medical needs?

Yes \$ \_\_\_\_\_:

No

Is there anything else you would like to tell us about

yourself? \_\_\_\_\_

\_\_\_\_\_

Questionnaire Information: All of the information I have provided in this Questionnaire is true and correct. If any of the information changes, I will advise you promptly.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_