QUESTIONNAIRE FOR ADOPTION





NAME OF CAT:		
Foster parent's name:		
Your name:		
Are you over 18 years old?		
Address:	City/state/zip:	
Telephone: Home	Work	
Cell:		
Are you planning to move in the next 6 months	?	
Email:		
Employer: Occu	pation:	
Time with this employer:		
Do you rent/own your home?		
Name of development or complex:	What floor do you live on?	
Do you have a balcony or patio?	Is it completely screened?	
Landlord's name:L	andlord's phone number:	
Do you have permission to have a cat?		
If you have a pet deposit, what is the amount?		
List other adults living in your home:		
How many children live in your household?	What are the ages?	
Why are you interested in adopting a cat?		
Are other members of your household in agreer	ment about adopting a cat?	
If you or someone in your household gets pregr	nant, what will you do with this cat?	
Does anyone in your household smoke?	Does anyone have allergies or asthma?	
How many other animals live in your house or yard?		
	Have you ever had a cat?	
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If you have a cat, do you have a litter box?	Do you plan to have a litter box?
Are your other animal's vaccines current?	
Have your cat(s) been tested for leukemia & FIV?	
Vet's name: Vet's p	hone:
Where will this cat sleep?	Do you plan to declaw your cat?
What do you expect to pay for vet care yearly?	
Do you plan to keep your new cat indoors only?	
Outdoors? Both?	
What would you do if your cat develops a medical or b	
Have you ever surrendered an animal to a shelter or	rescue agency?
If yes, why?	
What reason would compel you to give an animal up?	
Would future housing decisions ensure you could tak	e your pets?
How many hours a day would you spend with your ca	
Do you plan to feed your cat: Moist/Dry/Both?	
If you travel, who will provide for this cat while you	
If for any reason you become unable to care for this who would adopt this cat?	
Person's name:	
Person's phone number:	
Signature:	Date:
Initials:	
Volunteer's notes:	