

# CAT ADOPTION QUESTIONNAIRE

*Please take the time to fill out the following questionnaire.*

*We are committed to trying to make the best possible match between you, your family, and your new pet.*

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Township \_\_\_\_\_

Home phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

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

Please provide directions to your home

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*Please list the names and telephone numbers of 2 personal references (not family members) who are familiar with you.*

*Please list the names and telephone numbers of 3 personal references (not family members) who are familiar with you.*

**Name**

**Address**

**Phone**

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Your employer? \_\_\_\_\_ Telephone \_\_\_\_\_

# of years at this job? \_\_\_\_\_ Hours worked per day? \_\_\_\_\_

Do you live in a **House** \_\_\_\_\_ **Apartment** \_\_\_\_\_ **Mobile Home** \_\_\_\_\_ **Other** \_\_\_\_\_

Do you **Own** \_\_\_\_\_ **Rent** \_\_\_\_\_

Landlord's name \_\_\_\_\_ Phone \_\_\_\_\_

How long have you been at this address? \_\_\_\_\_

What will happen to this pet if you move? \_\_\_\_\_

Are there other pets in the household? **Yes** **No** If yes, how many? \_\_\_\_\_

Who is your veterinarian? \_\_\_\_\_

May we call your veterinarian for information about your pets' health history? **Yes No**

Please list pet(s) that you currently have. If you need more space, use a blank sheet or back of this page.

Name	Species	Gender

Please list all other members of your household. If you need more space, use a blank sheet or back of this page.

Name	Age	M/F	Relationship
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

Where will this cat spend the day? \_\_\_\_\_ Night? \_\_\_\_\_

Which of the following things would make you decide to give up your new cat?

- |                            |                       |                           |
|----------------------------|-----------------------|---------------------------|
| House soiling              | Clawing/Scratching    | Jumping on people         |
| Following everywhere       | Wandering             | Wildlife chasing          |
| Nipping/Biting             | Shedding              | Fleas                     |
| Human allergies to new pet | New pet health issues | Need for regular grooming |

How do you feel about declawing your new cat? \_\_\_\_\_

Have you ever adopted from or surrendered a pet to a shelter? **Yes No**

Will this be a:

<b>House pet</b>	<b>Child's Pet</b>	<b>Senior Citizen's Pet</b>
<b>Gift</b>	<b>Outside cat</b>	<b>Inside/Outside cat</b>

*Do you understand that PA law requires that all dogs/cats over the age of 12 weeks be vaccinated against rabies? \_\_\_\_\_*

*Are you financially prepared to give your cat the medical care it requires (vaccinations, deworming, regular vet visits)? \_\_\_\_\_*

*Our shelter likes to keep in touch with our adopters to be sure that the pet is working out as expected, and to be able to help with any problems that may develop in the future. Would you prefer to be contacted by phone \_\_\_\_\_ or email \_\_\_\_\_?*

*If by phone please let us know the best time to call. \_\_\_\_\_*

*I certify that the above information is accurate, and I give my permission for Dessin to contact any of the names listed on this application. I understand that all adoptions must be paid for in cash or with a credit card. I also understand that Dessin makes no guarantee as to the health or temperament of any of the pets for adoption.*

Signature \_\_\_\_\_

Date \_\_\_\_\_