



Cat Adoption Questionnaire

NOTE: YOU MUST BE 21 YEARS OR OLDER TO ADOPT. Thank you for considering adopting an orphan from our shelter. You will be making a 10-20 year commitment to the cat you adopt and our goal is to help make the best match possible for you and the orphaned cat you are interested in. The following questions will help us achieve that goal.

Name: _____ Date: _____

Address: _____ Apt #: _____ City: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email Address: _____

Microchip Emergency Contact: *Name: _____ *Phone: _____

****Please and use a contact name phone number other than yourself. This contact will be used if your animal goes missing and we cannot reach you. You are the primary contact.***

1) Do you currently live in a: House Apartment Condo Other _____

2) Do you currently: Rent Own Lease

If you are not the property owner, Pet Helpers has my permission to verify current pet policy.

Landlord's Name _____ Phone Number (____) _____

3) How long have you lived at your current residence? _____

4) How many adults live in your home? _____

5) How many children? _____ Ages _____

6) Does anyone in your household have allergies? Yes No

7) Who will be primarily responsible for the care of this cat? _____

8) Is this cat a gift? Yes No If yes, for whom? _____

9) Which of the following best describes your reasons for wanting this cat? (Check all that apply)

Companion To Breed For kids Mouser

Companion for pet Other _____

10) What attracts you to the cat you are interested in? _____

11) Will this cat be: Indoor only Outdoor only Indoor & Outdoor

12) Where will the cat be kept when no one is home? _____

- 13) Where will the cat be kept at night? _____
- 14) Do you plan to have the cat declawed? Yes No
- 15) If yes, why? _____
- 16) Have you had pets in the past (as an adult)? Yes No If yes, what kind? _____
- 17) Please list all of the pets currently living in your home.

Name	Species/Breed	Age	Gender	Spayed/Neutered	Owned how long?

- 18) If you have other pets, are their vaccinations current? Yes No
- 19) Do you have a regular veterinarian? Yes No

Pet Helpers has my permission to verify vaccine and medical history.

Veterinarian's Name _____ **Phone Number (____)** _____

- 20) Under what circumstances would you **NOT** keep this cat? _____
- _____

- 21) How much money do you expect to spend per year caring for this cat (vet, food, supplies, toys)? \$ _____

Please check the topics you would like our staff to discuss with you today

- Indoors vs. outdoors Litterbox issues Declawing
- Introduction to other pets Scratching furniture Cats with kids
- Nail trimming Grooming Other _____

I certify that the above information is true and correct to the best of my knowledge. I also acknowledge falsification of the above can result in my being denied adoption of an animal or, if an animal has been adopted to me, the return of that animal to Pet Helpers. I understand that all animals adopted from Pet Helpers must be spayed or neutered before they are released from the shelter.

Signature _____ **Date** _____

Approved by _____ **Date** _____

Notes: _____
