

## Pre-Adoption Questionnaire

Name or description of cat(s) applying for: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Age \_\_\_\_\_

Address (inc. zip): \_\_\_\_\_

Home Phone : \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer & Occupation: \_\_\_\_\_

Names and ages of other household members \_\_\_\_\_

\_\_\_\_\_

1. Where do you live? house \_\_\_ townhouse /condo \_\_\_ apartment \_\_\_ trailer \_\_\_
2. Do you own or rent your residence? own \_\_\_ rent \_\_\_
  - a. if rent, name of landlord and phone number? \_\_\_\_\_
  - b. are pets allowed? yes \_\_\_ no \_\_\_ not sure \_\_\_
  - c. is there an additional charge for pets? yes \_\_\_ no \_\_\_ not sure \_\_\_

3. Describe those pets you still own:

Name	Type	Age	Sex (spay/neuter?)	Indoor-Only	
				Indoor	Outdoor

4. Describe those pets you no longer own:

Name	Type	Age	Sex (spay/neuter?)	Where are they now? Date & age at death/giveaway	

Over

5. List name & phone number of each vet where your animal(s) received care over the last 10 years:

- Clinic name(s) \_\_\_\_\_
- Doctor(s): \_\_\_\_\_
- Phone number (inc. area code) for each: \_\_\_\_\_
- What owner name(s) are records listed under: \_\_\_\_\_
- Date of last vet visit: \_\_\_\_\_

6. Have you ever adopted an animal from a rescue/animal control agency? \_\_\_\_\_

If yes, which organization? \_\_\_\_\_

Have you ever had to surrender or return an animal to a shelter or rescue? \_\_\_\_\_

If yes, what were the circumstances? \_\_\_\_\_

7. What foods do you feed? (canned, dry, raw) \_\_\_\_\_

Do you have a favorite brand? \_\_\_\_\_

8. Have you owned a declawed cat in the past? yes \_\_\_\_ no \_\_\_\_

Are you planning on declawing? yes \_\_\_\_ no \_\_\_\_ not sure \_\_\_\_

9. On average, how much time will the cat spend outdoors each day? \_\_\_\_\_

Do you have a cat/dog door? \_\_\_\_\_

When no one is home, where will the cat be kept? \_\_\_\_\_

Where will the cat sleep? \_\_\_\_\_

Are you interested in learning about catios? \_\_\_\_\_

10. If you move, what will you do with the cat? \_\_\_\_\_

11. What kind of behavior issues do you expect may come with a new cat/kitten and how will you deal with them? [Scratching furniture, litter box issues etc.]

\_\_\_\_\_

12. Please list what kind of routine veterinary care you plan to provide for your cat.

\_\_\_\_\_

I pledge that the above information is true and complete. Further agree to return the cat if I am unable to keep him/her.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Is there anything else you'd like to tell us about your home?