



# Cat Adoption Application

Cat's Name (at the shelter) \_\_\_\_\_

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Phone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_

**How did you hear about us?** Circle all that apply: (Website) (Adopted here before) (Walk-in) (Pet Co) (Referral) (Radio) (Newspaper) (Event \_\_\_\_\_) (other: \_\_\_\_\_)

*We want you and your new cat to have a long and happy life together. This questionnaire will help us and yourself, to determine the type of cat that is best for you. This does **not** disqualify you from adoption in anyway, but please answer all questions honestly and fairly.*

**1. I have owned a cat before**

(Yes)                      (No)

**2. The last time I owned a cat was**

(Currently/within a yr) (2-10yrs ago) ( 10 + yrs ago)

**3. My cat needs to get along with other cats or dogs**

(Yes)                      (No)

**4. My cat needs to get along with (circle all that apply)**

(Children under 8yrs old) (Children over 8yrs old) (Elderly)  
(Animals other than dogs and cats)

**5. My cat will be alone**

( 2 hrs per day) (4hrs or less per day) (8-10 hrs per day) (12hrs or more per day)

**6. When I am at home, I want my cat to be by my side**

(All of the time) (Some of the time) (Little or none of the time)

**7. When I am NOT at home, my cat will spend its' time**

(In the garage) (In the yard) (Freely in the house) (In just one room ) (In a create/cage)

**8. I want my cat to be very enthusiastic and affectionate**

(Yes)                      (No)

**9. I want my cat to be playful**

(Yes)                      (No)

**10. I want my cat to be laid back**

(Yes)                      (No) Continue to next page

11. How much do you think it will cost to care for your cat every year? (food,medical,toys,cat training/sitting) \$\_\_\_\_\_

12. Do you: (Rent) (Own) (Live with Parents)

If you rent what is your landlords Name:\_\_\_\_\_

Phone: (\_\_\_\_\_)\_\_\_\_\_

13. How long have you lived at your current residences?\_\_\_\_\_

14 Type of Housing: (House) (Apartment) (Condo)

15. What type of area: (City) (Suburbs) (Country)

16. Do you already have a veterinarian (Yes ) (No)

If yes, Name of Veterinarian:\_\_\_\_\_ Phone: ( )\_\_\_\_\_

17. In the space provided, Please List all current/deceased pets that are in the same household

<i>Pet's Name</i>	<i>Type</i>	<i>Breed</i>	<i>Sex</i>	<i>Age</i>	<i>How long owned?</i>
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