

# CAT CONNECTION ADOPTION QUESTIONNAIRE

*Driver's License information will be requested when you adopt. Please have your driver's license with you.*

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name of Spouse/Significant Other: \_\_\_\_\_ Children (with ages): \_\_\_\_\_

List any additional people in the household: \_\_\_\_\_

Who will be responsible for the cat's care (feeding, cleaning litter box, taking to vet)? \_\_\_\_\_

Has anyone in your household experienced allergies or asthma? \_\_\_\_\_

Why are you looking to adopt a cat? (check or underline all that apply)

Companion for you/spouse     Companion for children     Companion for pet     Gift for \_\_\_\_\_

Replace lost/deceased cat     Other (please explain) \_\_\_\_\_

Is your home a:  House  Apartment  Condo  Other    How long have you lived at this address? \_\_\_\_\_

Do you have plans to move in the near future? \_\_\_\_\_ Where to? \_\_\_\_\_

Do you rent or own your home? \_\_\_\_\_ If renting, do you have permission to have a pet? \_\_\_\_\_

Landlord's name and phone number \_\_\_\_\_

If you live in a condo, what are the association's rules about keeping pets? \_\_\_\_\_

Do you have any of the following?  Patio  Balcony  Pet door  Unscreened windows  Unscreened doors

Back Yard  Front Yard  Other means of outdoor access for a cat (describe): \_\_\_\_\_

Will your pet be allowed in any of the above areas? \_\_\_\_\_

Are you willing to have a Cat Connection representative visit your home? \_\_\_\_\_

In what areas of your home will your cat be allowed? \_\_\_\_\_ Where will you keep the litter box? \_\_\_\_\_

Where will your cat sleep at night?  Cat Bed  Garage  My Bedroom  Anywhere (s)he wants  Other \_\_\_\_\_

How many hours of the day will your cat be left alone? \_\_\_\_\_ Where will (s)he be left when alone? \_\_\_\_\_

Will your new cat be an indoor or outdoor pet?  Indoors  Outdoors  Both

If allowed outside  Anytime  Daytime only  Under supervision  On balcony/patio only  On a leash

If both, how much time will your new cat be outdoors? \_\_\_\_\_ Indoors? \_\_\_\_\_

Is this your first pet? \_\_\_\_\_ Do you have other pets? Dogs? \_\_\_\_\_ Cats? \_\_\_\_\_ Other? \_\_\_\_\_

What brands of pet food do you feed your pets? \_\_\_\_\_ What are their favorite toys? \_\_\_\_\_

Please list any pets you currently own: \_\_\_\_\_

Please list any pets you previously owned: \_\_\_\_\_

What happened to pets you previously owned? \_\_\_\_\_

If deceased, what was the cause of death? \_\_\_\_\_

If you own or previously owned cats, were any of them declawed? \_\_\_\_\_ If so, why? \_\_\_\_\_

Do you plan on declawing your new pet? \_\_\_\_\_

*(Please continue answering questions on the reverse side)*

Do you have a veterinarian? \_\_\_\_\_ Vet's name and phone #: \_\_\_\_\_

Have you had problems with any of the following?

Scratching furniture/carpet/drapes  Scratching people  Fleas  High vet bills  Litter box problems  
 Fighting with other pets  Excessive shedding  Running away  Other \_\_\_\_\_

What will you do if your cat claws the drapes or furniture? \_\_\_\_\_

What is a behavior that would not be acceptable to you? \_\_\_\_\_

What will you do with your new cat:

if you move to a new home that does not allow pets? \_\_\_\_\_

if you get married (if you're single)? \_\_\_\_\_

if a new boyfriend/girlfriend is allergic to cats? \_\_\_\_\_

if you travel? \_\_\_\_\_

if you moved locally? \_\_\_\_\_ Out of state? \_\_\_\_\_

If anything happens to you? \_\_\_\_\_ If you have other dogs or cats, are they spayed/neutered? \_\_\_\_\_

If you have cats, are their vaccinations current? \_\_\_\_\_ Have they been tested for leukemia (FeLV)? \_\_\_\_\_ Tested for FIV? \_\_\_\_\_

If you currently have a cat or dog, how often does your pet visit the veterinarian? \_\_\_\_\_

When was the last visit and for what services? \_\_\_\_\_

Are you prepared to cover any vet expenses your pet may incur throughout its life? \_\_\_\_\_

Is there a limit? \_\_\_\_\_ How much is too much? \_\_\_\_\_

Have any of your cats caused any of the following problems? (check or underline any that apply)

Under what circumstances would you not be able to keep this new cat? (Please check or underline all that apply.)

Pregnancy/Baby  Divorce/Separation  Spouse/child is allergic  Needs too much attention  
 Job change/loss  New house/apt.  Scratches carpet/drapes/furniture  Behavioral problems  
 Expensive vet bills  Conflicts with other pets  Sprays, litter box problems  Needs special diet  
 Cat becomes disabled  Requires daily treatment  Other (please specify): \_\_\_\_\_

If any of the above does occur, what would you do with the cat? \_\_\_\_\_

**THIS APPLICATION BECOMES PART OF OUR CONTRACT.**

I certify that all the above information is true and accurate. I understand that if I adopt a pet from Cat Connection, this document will become part of the adoption record.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**REVIEWED BY:** \_\_\_\_\_ **VENUE LOCATION:** \_\_\_\_\_

**CAT PREFERENCE:** \_\_\_\_\_