



www.catadoptionservice.org

Fax: (858) 228-9899

E-Mail: help2011@sdcats.org

Telephone: (760) 550-CATS

ADOPTION QUESTIONNAIRE

Date: _____

Name(s) of You and Any Partner: _____

Name(s) of Any Roommate(s): _____

Your Address: _____
(street address) (city) (state) (zip)

Your Contact Info: _____
(cell phone) (home phone)

_____ (email address)

Your Occupation: _____

Name/I.D. No(s). of cat(s) you're interested in (or description of what you're looking for): _____

1. Do you live in a (check all that apply): house condo/townhome apartment mobile home

2. How long have you lived there? _____

3. Are you the record owner of the property where you live? yes no

If no, do you have the owner's permission to have the cat(s) live there?: yes no

If you are not the record owner, state the name and contact info of owner or manager for verification:

Name: _____ Tel/email: _____

4. Where will the cat(s) be kept?: indoor only mainly indoor, limited outdoor both outdoor

5. On an average workday, how many hours are people gone from the home?: _____
Where will the cat be kept when no one is home?: _____

6. Is anyone in your household allergic to animals?: yes no unknown

7. List the ages of all children living in your home: _____

8. What other animals currently reside in your home: ___ # of dogs ___ # of cats ___ # of other species

Are all dogs licensed?: yes no n/a

Are all dogs, cats & rabbits spayed or neutered?: yes no unknown n/a

List the breed, gender and age of each animal in the home: _____

9. Name and phone number of your veterinarian: _____
10. Have you ever owned another cat or dog?: yes no
 If yes, what happened to each pet (if deceased, state date and cause of death): _____

11. Many cats will claw furniture, carpet and drapes, dig in potted plants, etc. How do you plan to handle these potential problems?: _____

12. What do you estimate as the annual cost of routine veterinary care?: _____
13. How often do you leave town?: _____ How will you care for the cat(s) while you're away?: _____
14. What will happen to the cat(s) if you move?: locally: _____
 out of state: _____ out of U.S.: _____
15. Under what circumstances might you not keep the cat(s)?: divorce move new baby
 personal/family illness illness/injury of cat unacceptable behavior of cat other (explain):

16. Are you ready, willing and able to take personal and financial responsibility for the cat(s) throughout its/their expected 15-20 year lifespan? yes no maybe
17. Why do you want a cat (check all that apply)?: companion for: ___ self ___ spouse/partner
 ___ child/ren ___ other pet as gift to another mouser other (explain): _____

18. How did you hear about this cat or our organization?: walk-in internet search (which?:
 ___ catadoptionsservice.org or sdcats.org ___ petfinder.com ___ adoptapet.com ___ google
 ___ other) print advertising (which publication?: _____)
 referral (by who?: ___ prior adopter ___ veterinarian ___ other shelter/rescue ___ other source)

I certify that the above information is true, and I understand that any false information may result in denial or nullification of the adoption.

Adopter Signature(s): _____