



## Adoption Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ town: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ cell: \_\_\_\_\_

e-mail: \_\_\_\_\_

### Your Household

1. Number of adults in household? \_\_\_\_\_ Child(rens) ages: \_\_\_\_\_
2. Housing:  Own House ( 1 or  2 story?)  Rent ( house  apt or  mobile)
  - Landlord's name \_\_\_\_\_ phone: \_\_\_\_\_
3. Activity level in your home is:  Quiet  Active  Hectic
4. Time at home:  Rarely (sleep there only)  At home when not working  Home all day
5. Does any member of your household have allergies to animals? \_\_\_\_\_
6. Employer's name: \_\_\_\_\_ Address: \_\_\_\_\_ phone: \_\_\_\_\_

### Your Pet History

6. Please check one:  Never had pets  Had pets as a child  Had pets all my life
7. Are you looking for a  kitten (less than 5 months old)  Adult  Senior cat (10+)?
8. Do you prefer a  male or  female? \_\_\_\_\_ Do you prefer certain color/breed? \_\_\_\_\_
9. Where would the cat be kept during the day/night? \_\_\_\_\_
10. Primary reason for adopting a cat? \_\_\_\_\_
11. Type of pet(s) (current and previous):  

| Type of pet | Age   | Sex   | Spayed/Neutered? | Kept Indoor/Out? | How long owned? | Living Now? |
|-------------|-------|-------|------------------|------------------|-----------------|-------------|
| _____       | _____ | _____ | _____            | _____            | _____           | _____       |
| _____       | _____ | _____ | _____            | _____            | _____           | _____       |
| _____       | _____ | _____ | _____            | _____            | _____           | _____       |
12. Cats are as individual as people and need time to adjust to a new environment. Are you willing to spend time and effort in helping this cat adjust to your family?  Yes  No
  - ◆ How long do you think this adjustment should take? \_\_\_\_\_
13. Under what circumstances would you not keep this cat? \_\_\_\_\_

*Please complete reverse*

14. Do you plan to declaw?  2 paw (front)  4 paws
15. Would you object to an inspection of your premises by our staff?  Yes  No
16. What is the name of your veterinarian? \_\_\_\_\_
17. How much would you expect to pay in vet care, food, toys, etc per year? \_\_\_\_\_
18. How did you learn about us?  Friend referred  Website  Newspaper/TV ad  Previous adopter
19. Did you have a specific animal in mind?  Yes Cat's name: \_\_\_\_\_  No
20. What arrangements would you make for your pets if you have to move? \_\_\_\_\_
- \_\_\_\_\_

*I certify that all the information in this application is true and I understand that false information may void the adoption and future adoption applications from Forgotten Felines and Fidos.*

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

| To Be Completed by FFF Adoption Coordinator/Foster Parent    |  |
|--|--|
| I reviewed the following topics with potential adopter:      |  |
| <input type="checkbox"/> Time commitment                     | <input type="checkbox"/> Financial commitment                            |
| <input type="checkbox"/> "Ideal" home for cats               | <input type="checkbox"/> Destructive scratching/declawing                |
| <input type="checkbox"/> Litterbox training/issues           | <input type="checkbox"/> Introducing cat to household (people, pets)     |
| <input type="checkbox"/> Vaccinations & vet care             | <input type="checkbox"/> Shelter vs. home life behavior (what to expect) |
| <input type="checkbox"/> Requirement that cat remain indoors | <input type="checkbox"/> Spay/neuter requirement (if applicable)         |
| Adoption Coordinator/Foster Parent: _____                    | Date: _____  |