

4 PAWS RESCUE
CAT ADOPTION QUESTIONNAIRE

DATE _____ Impound Number _____ Cat Name _____

PERSONAL INFORMATION:

Name: _____ Home Phone: _____

Address: _____

City: _____ State: _____ ZIP: _____

How long at this address? _____ If less than 2 years, please list

your previous address: _____

Married: _____ Single: _____ Live with parents: _____ Age: _____

No. of children in the home: _____ Ages: _____

Name of employer: _____ Phone: _____

Name of spouses employer: _____ Phone: _____

Does anyone in your family suffer from allergies? _____

Have you adopted from 4 Paws Rescue aka Selina Memorial Animal Rescue before? _____

RESIDENTIAL INFORMATION:

RESIDENCE: House: _____ Apartment: _____ Condo: _____ Mobile Home: _____

Landlord's name: _____ Phone: _____

Besides your immediate family, are there others residing in your home?

Yes: _____ No: _____ If yes, who? _____

ADOPTION INFORMATION:

Have you ever owned a cat? _____

Where will your cat be kept most of the time? _____

In the House: _____ Outside: _____ Other: please specify _____

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Why do you want this particular cat?_____

What will you do with your cat if you move?_____

How much do you expect to spend on your new cat in a year?_____

What will you do if your new pet scratches, dumps trash, etc.?

Please check all of the following that will apply to your new cat:

Mouser:____ Companion:____ Barn Cat:____ Family Pet:____

If your cat sleeps on the bed and takes up most of the bed, do you ...

- (A) Make him/her get off the bed?
- (B) Go sleep somewhere else yourself?
- (C) Move over

Are you considering having your new cat declawed?_____

OTHER PET INFORMATION:

Are all adult members of your household in favor of adopting a cat?

Yes No Don't know

Do you have other pets? Type and Number:_____

If your other pets are cats and/or dogs, are they spayed and/or

neutered?____ If no, why not?_____

Are your other pets current on their vaccinations?_____

Veterinarians name:_____ Phone:_____

What will you do if your newly adopted pet does not get along with

your other pets for a while?_____

Do any of your pets have an infectious disease now, or have they in

the recent past? _____

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Three personal references, not related to you:

Name _____ Phone: _____

Name _____ Phone: _____

Name _____ Phone: _____

Veterinarian reference

Name _____ Phone: _____

I certify that the information provided on this form is true and correct. I am also financially able to care for this animal. I understand that proper food and veterinary care will be costly and am able to meet these requirements. I understand that in some cases, a home check may be mandatory prior to your adoption. I understand that any false statements constitute grounds for confiscation and surrender of the animal to 4 Paws Rescue. I further understand and agree that 4 Paws Rescue may demand return of the animal for any violation of the terms of the adoption contract and agreement.

Signature: _____ Date: _____

4 PAWS RESCUE RESERVES THE RIGHT TO REFUSE ANY ADOPTION.

FOR STAFF ONLY:

Approved: _____ Refused: _____ Comments: _____