



FOR STAFF USE ONLY Cat's Name: _____ Control # _____

CAT ADOPTION QUESTIONNAIRE

Thank you for visiting the Greenwood County Animal Shelter in your search for a new pet!
Before you adopt a pet from this facility, we ask you to complete this form. Humane Society of Greenwood Adoption Counselors consult this information to ensure the animal you want to adopt is best suited for your home and lifestyle.

What breed of, or length of hair, cat are you looking for? _____

What sex of pet are you looking for? Male Female No preference

What characteristics do you want in a cat? (calm, active, etc.) _____

Activity level: Low Medium High No preference

What age of cat are you interested in? Kitten Juvenile Adult No preference

Are you a: First time cat owner I have had pets in the past

Have you ever adopted from HSOG? No Yes, when? _____

Have you ever turned in animals to an animal shelter? No Yes, when and why? _____

What pets have you owned in the past 5 years? _____

| Pet's Name | Type or Breed | Age | Sex | Spayed or Neutered? | If no longer owned, what happened to dog? | Rabies Vacc Date |
|------------|---------------|-----|-----|---------------------|---|------------------|
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What is the name of your veterinarian/veterinary hospital? _____

Reason for wanting this pet (check all that apply):

- Family Companion
- Gift
- Mouser
- To breed
- For my children
- Companion for other animal
- Other (specify): _____

Does any member of the household have animal-related allergies or asthma? Yes No

How much do you anticipate spending yearly* on this pet (food, veterinarian, toys, emergency, etc.)? _____
*(*The average annual cost to care for a cat is \$640.)*

Do you live in a: House Apartment Dormitory Duplex/Townhouse
 With Parents Mobile home – Name of park _____

Do you rent? No Yes If yes, Landlord's name _____ Phone _____

How many adults are in the household? _____ Children? _____ Age(s) of children? _____

Where will the cat be kept: **When someone is home?** Indoors Outdoors _____
When no one is home? Indoors Outdoors _____

Would you consent to a home visit? Yes No

Are you familiar with Heartworm Disease in cats and Heartworm Prevention? Yes No

Do you now or have you ever had your cat(s) declawed? Yes No

Comments: _____

What circumstances would you consider giving up a new cat? (Check all that apply)

- Moving
- Change in lifestyle
- Behavioral problems
- Getting too big
- House-training problems
- Exhibiting aggressive behavior
- Too many animals
- Too noisy
- New baby
- Divorce
- Destructive inside or outside
- Requires too much time
- Health of animal
- Poor health of owner
- Inadequate yard/housing
- Too much responsibility
- Not getting along with other pets
- Escapes
- Children lost interest
- Allergic
- Cannot afford
- Too active/hyper
- Landlord/Neighbor issues
- Sheds hair

Please check ALL of the following topics that you would like to discuss with the Adoption Counselor:

- Spaying/Neutering
- Introducing children
- Biting
- Declawing
- Introducing other pets
- Jumping on furniture
- Cost
- Spraying
- Litter box training
- Scratching objects
- Vaccinations
- Diet/Nutrition
- Diseases/Viruses
- Indoors vs. outdoors

Adopter's Name(s): _____

Current Address: _____ **Apt. #:** _____

City: _____ **State:** _____ **Zip:** _____

How long have you been at this address? _____ **Who will be financially responsible for pet?** _____

Phone: Home _____ Work _____ Cell _____

E-mail: _____

By signing, I affirm I am 21 years of age or over, and the information contained on this form is true to the best of my knowledge. I understand that the Humane Society of Greenwood Adoption Counselors may approve or deny an adoption based on this or other information during my visit. Should I be approved for adoption, I understand that I will be required to make a substantial commitment of time and money to this animal for up to 20 years.

Signature: _____ **Date:** _____

FOR STAFF USE ONLY **Cat's Name:** _____ **Control #** _____

Counselors: _____

Comments: _____

_____ **PetPoint Verified:** _____

Driver's License/I.D. Number: (include State of issue) _____ **Date of Birth:** _____

Approved: Yes No **HSOG Signature:** _____ **Date:** _____

NOTES: _____
