



## PRE-ADOPTION QUESTIONNAIRE

Name \_\_\_\_\_ Phone (home) \_\_\_\_\_  
Address \_\_\_\_\_ (work) \_\_\_\_\_  
\_\_\_\_\_ (cell) \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Best time to reach you: \_\_\_\_\_

Please check one: Do you own:  home  condo/co-op  
Do you rent a:  home  apartment (are you permitted you have pets? \_\_\_\_\_)  
Do you live with:  parent  relative  
Do you have screens on all doors and windows? \_\_\_\_\_  
How many people live with you? \_\_\_\_\_

Employed at: \_\_\_\_\_ Your date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_  Married  Single  Co-habiting  
Number of children and ages: \_\_\_\_\_

Why do you want a cat?  Companionship  For a child  As a mouser  
Does anyone in your household have allergies?  Yes  No Describe \_\_\_\_\_  
Is the cat for  yourself or  a gift (if so, for whom?) \_\_\_\_\_ Is it a surprise? \_\_\_\_\_  
Please list the number, types, ages, and sex of the pets currently in your home:  
Cat \_\_\_\_\_ Dog \_\_\_\_\_ Other \_\_\_\_\_  
Any previously owned pets? \_\_\_\_\_ Their status: \_\_\_\_\_

Does (or did) your cat spend his time:  
 Indoors and outdoors  
 Mostly outdoors  
 Indoors only

Would your adopted cat spend his time:  
 Indoors and outdoors  
 Mostly outdoors  
 Indoors only

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Have your pets been vaccinated this year? \_\_\_\_\_ Date of last vet appointment: \_\_\_\_\_  
Do your pets see your vet for an annual check-up? \_\_\_\_\_  
Can you afford an unanticipated vet bill of \$500?  Easily  With some difficulty  Not at all  
If you currently have a cat, has it been tested for Feline Leukemia and AIDS? \_\_\_\_\_ Date of test \_\_\_\_\_  
How many hours a day will the cat be left alone? \_\_\_\_\_ Do you drive? \_\_\_\_\_ Do you own a pet carrier? \_\_\_\_\_  
What brand of food do you feed? \_\_\_\_\_ Do you declaw? \_\_\_\_\_ Do you neuter your cats? \_\_\_\_\_  
Who would care for you cat if you were unable? \_\_\_\_\_  
When you vacation (for more than 3 days), do you (or would you):  
 leave the cat alone with plenty of food, water, and litter  leave the cat alone with someone stopping in  
 leave the cat in someone else's home  board the cat  take the cat with you  don't take long vacations  
If something should happen to you, have you made provision for the future of your cats? \_\_\_\_\_  
Personal reference (other than family member): \_\_\_\_\_ Phone: \_\_\_\_\_  
Cat you wish to adopt: \_\_\_\_\_ Today's date: \_\_\_\_\_  
Would you consider adopting a pair?  Yes  No  Maybe  
Other useful information: \_\_\_\_\_