



CAT ADOPTION QUESTIONNAIRE

Driver's License information will be requested when you adopt. Please have your driver's license with you.

Name: _____ Occupation: _____ Age: _____

Address: _____ Home phone: _____

City/Zip: _____ Work phone: _____

Email Address: _____ Cell phone: _____

Name of Spouse/Significant Other: _____ Children (with ages): _____

List any additional people in the household: _____

Who will be responsible for the cat's care (feeding, cleaning litter box, taking to vet)? _____

Has anyone in your household experienced allergies or asthma? _____

Are you prepared to care for this cat for 15-20 years? _____

Why are you looking to adopt a cat? (check all that apply)

- Companion for you/spouse Companion for children Companion for pet Gift for _____
 Replace lost/deceased cat Other (please explain) _____

Is your home a: House Apartment Condo Other How long have you lived at this address? _____

Do you have plans to move in the near future? _____ Where to? _____

Do you rent or own your home? _____ If renting, do you have permission to have a pet? _____

Landlord's name and phone number _____

If you live in a condo, what are the association's rules about keeping pets? _____

- Do you have any of the following? Patio Balcony Pet door Unscreened windows Unscreened doors
 Back Yard Front Yard Other means of outdoor access for a cat (describe): _____

Are you willing to have an adoptivee representative visit your home? _____

In what areas of your home will your cat be allowed? _____ Where will you keep the litter box? _____

Where will your cat sleep at night? Cat Bed Garage My Bedroom Anywhere (s)he wants Other _____

How many hours of the day will your cat be left alone? _____ Where will (s)he be left when alone? _____

Will your new cat be an indoor or outdoor pet? Indoors Outdoors Both

- If allowed outside Anytime Daytime only Under supervision On balcony/patio only On a leash
 Only when the cat is older Only if I move to a house or other location

If both, how much time will your new cat be outdoors? _____ Indoors? _____

Is this your first pet? _____ Do you have other pets? Dogs? _____ Cats? _____ Other? _____

What brands of pet food do you feed your pets? _____ What are their favorite toys? _____

Please list any pets you currently own: _____

Where did they come from? _____

Please list any pets you previously owned: _____

What happened to pets you previously owned? _____

If deceased, what was the cause of death? _____

If you own or previously owned cats, were any of them declawed? _____

If so, where was the procedure performed? _____

(Please continue answering questions on the reverse side)

Do you plan to declaw your new cat? _____ If so, why? _____

Do you have a veterinarian? _____ Vet's name and phone #: _____

If you have other dogs or cats, are they spayed/neutered? _____

If you have cats, are their vaccinations current? _____ Have they been tested for leukemia (FeLV)? _____ Tested for FIV? _____

If you currently have a cat or dog, how often does your pet visit the veterinarian? _____

When was the last visit and for what services? _____

Are you prepared to cover any vet expenses your pet may incur throughout its life? _____

Is there a limit per incident? _____ How much is too much per incident? _____

Have any of your cats caused any of the following problems? (check any that apply)

- Scratching furniture/carpet/drapes Scratching people Fleas High vet bills Litter box problems
 Fighting with other pets Excessive shedding Running away Other _____

What will you do if your cat claws the drapes or furniture? _____

What is a behavior that would not be acceptable to you? _____

What amount of time do you think is reasonable for your cat to adjust to you and your home? _____

What will you do with your new cat:

if you move to a new home that does not allow pets? _____

if you get married (if you're single)? _____

if a new boyfriend/girlfriend is allergic to cats? _____

if you travel? _____

if you moved locally? _____ Out of state? _____

Under what circumstances would you not be able to keep this new cat? (Please check all that apply.)

- Pregnancy/Baby Divorce/Separation Spouse/child is allergic Needs too much attention
 Job change/loss New house/apt. Scratches carpet/drapes/furniture Behavioral problems
 Expensive vet bills Conflicts with other pets Sprays, litter box problems Needs special diet
 Cat becomes disabled Requires daily treatment Other (please specify): _____

If you have to give up this cat for any of the above checked reasons, what will you do with the cat?

Were you ever in a situation where you were not able to keep a pet? _____

If yes, please explain: _____

How did you find out about this cat? (please check one) Pet Store Newspaper ad Pet Press
 Friend/family member Other rescue group Carson Cats Web Site Other Web Site
 Other _____

THIS QUESTIONNAIRE BECOMES PART OF OUR CONTRACT.

I certify that all the above information is true and accurate. I understand that if I adopt a pet from Carson Cats, this document will become part of the adoption record.

SIGNATURE: _____ **DATE:** _____

REVIEWED BY: _____ **VENUE LOCATION:** _____

CAT PREFERENCE: _____