



Cat Adoption Questionnaire

Thank you for your interest in adopting! You will be making a long-term commitment to the cat or kitten you choose to adopt (average lifespan is between 15-18 years). The following information is designed to help us assist you in finding the most compatible companion for your lifestyle and determining if the adoption is in the cat/kitten's best interest. We reserve the right to refuse any adoption. We require adopters to be 21 years or older. We limit adoptions to a 50-mile radius of the shelter.

The adoption donation helps us cover the cost of the spay/neuter, current vaccinations, microchipping, viral testing, and temporary boarding of your new cat or kitten.

ADOPTION DONATION:

Kittens (6 months & under): **\$125**Cats (over 6 months): **\$65**Senior cats (over 7 years): **\$25**

Type names of cat(s)/kitten(s) you are interested in below (click here to view adoptable cats/kittens): **CONTACT INFORMATION** (please fill out every field) Last Name _____ First Name _____ Driver's License No _____ _____ Apt/Unit _____ City, State, Zip _____ ○ home ○ cell Email Secondary Emergency Contact for Microchip (You are the primary, the secondary should not live with you) **HOUSEHOLD INFORMATION** (please fill out every field) Enter number of people by age living in the household below: Adults (19-65) ____ Seniors (65+) ___ Adolescents (12-18) ___ Children (3-12) ___ Infants (Under 3) ___ **Does any household member have allergies to adult cats?** OYes ONo **Do you:** Own ORent OLive with Parents/Relatives **Do you live in:** O House O Townhouse O Condo O Apartment O Mobile Home If rent or live in townhome, condo, or apartment, provide a copy of the page in your lease/bylaws regarding pets. Landlord's Name _____ Landlord's Phone _____ How long have you lived at this address?

Average hrs. daily cat/kitten will be alone: How would you describe your household environment (calm/quiet, active/noisy, etc.)? _____ Will the cat/kitten be allowed outdoors? ○ Yes ○ No Have you previously owned a cat (as an adult)? ○ Yes ○ No Who will be responsible for cat's care (feeding, cleaning litter box, taking to vet, etc.)? _____ Who will provide for your pet in the event that you become ill or unable to care for the pet anymore? _____ Relationship _____ Phone ___

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CURRENT PETS

Pet Name	Species	Breed	Age	Neutered/ Spayed	If cat, declawed?	Owned how long?	Current on vaccines?	Vet clinic use: name/phone	
				- Opu/cu	acciairea.		vaccinico:		
REVIOUS PI lease list AL		s vou've ha	d in the	e past 10 v	ears that p	assed awa	ıv. vou dave	awav.	or got lost:
Pet Name				Neutered/	If cat, declawed?	Owned how long?	What happer to pet?		
	Species	Breed	Age	Spayed					name/phone
ave you ever	-		ay) a p	et? 🔾 Yes	○No				
checked Yes	, please exp	olain							
HAT ARE YO	U LOOKIN	G FOR IN A	A CAT/	KITTEN (s	elect all tha	at apply in	each sectio	n)	
terested in:	○ Compani	on for you/	spous	e	anion for in	nmediate f	amily ()Co	mpani	on for another pe
Companion Other, pleas			_	•	•	•	○Gift	○Mou	ser/Hunter
ge: ○Kitten	(3-6 month	s) OTeen	nager (7	7 months-2	2 years)	Adult (3-6	5 years)	Senio	r (7+ years)
		_		hh. Ochar	t OMadiu	m Olona	Doel	a	OVec ONe
ender: OMa	ile ()Femal	e Fu	r Leng	th: \bigcirc Shor	t \bigcirc Mediu		Deci	aweu:	○ Yes ○ No