

**Cats In Need**  
**Pet Adoption Questionnaire**

Name of the Pet You are Applying For: \_\_\_\_\_

Please make sure you provide full and complete answers to ALL questions to avoid any delays in processing your application. **Note: Incomplete questionnaires will be disregarded.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Work Phone No. \_\_\_\_\_

Who is the cat for? Self  Child  Spouse  Friend/Relative  Is this a gift? Yes  No

Who will be the primary care giver of this pet? \_\_\_\_\_

Have you adopted from *Cats In Need* before? Yes  No  If so, when and where? \_\_\_\_\_

Do you live in a: House  Apt.  Condo  Other \_\_\_\_\_ How long have you lived there? \_\_\_\_\_

Do you rent? Yes  No  If yes, do you have permission from your landlord to have a pet? Yes  No

May we contact your Landlord? Yes  No  Landlord's Name & Phone No. \_\_\_\_\_

Would you object to an inspection of your home by a *Cats In Need* representative? Yes  No

No. of adults in your household? \_\_\_\_\_ No. of children? \_\_\_\_\_ Ages of children \_\_\_\_\_

Is anyone in your home allergic to animals? Yes  No  If so, how will you handle it? \_\_\_\_\_

What other pets do you currently own? No. of dogs \_\_\_\_\_ Ages \_\_\_\_\_ Fixed? Yes  No

No. of cats? \_\_\_\_\_ Ages \_\_\_\_\_ Fixed? Yes  No  Other Pets \_\_\_\_\_

What pets have you owned in the past 10 years? \_\_\_\_\_

What happened to these pets? \_\_\_\_\_

Do you plan for this cat to be kept: Indoors  Outdoors  Both  Garage

Do you have a doggy door or cat door? Yes  No  If yes, where does it lead? \_\_\_\_\_

How will the pet be cared for when you are out-of-town? \_\_\_\_\_

On the first night in the new home, where will the cat stay? \_\_\_\_\_

Generally, how many hours per day will the cat be left alone? \_\_\_\_\_

Where will the cat sleep? \_\_\_\_\_

Cats have been known to claw furniture, climb drapes, etc. How do you plan to deal with these problems? \_\_\_\_\_

What kind of behaviors do you feel you cannot accept? \_\_\_\_\_

Are you planning to move within the next 6 months? Yes  No  If yes, where? \_\_\_\_\_

What will happen to the pet if you move during it's lifetime? \_\_\_\_\_

Do you know that the average cat can live 20 - 22 years? Yes  No

Are you aware that pets need regular vaccinations and require routine veterinary care? Yes  No

Are you able to provide adequate veterinary care if this cat becomes sick or injured? Yes  No

Under what circumstances would you not be able to keep this pet? \_\_\_\_\_

Name & phone number of Veterinarian you currently use: \_\_\_\_\_