

Cat Adoption Questionnaire

Updated October 17, 2016



Name of Cat: _____ [Office use only: A# _____]

ADOPTER CONTACT INFORMATION

Full name*: _____ Email: _____

**The person named here will become the legal guardian of the adopted animal*

Street Address: _____

City: _____ State: _____ Zip code: _____

Are you planning to move in the next 6 months? (circle one) Yes No

Phone: (home) _____ (cell) _____

Have you owned a cat before? Yes No

Have you applied to adopt an animal from WHS, WARL, or HRA before? Yes No

LET'S MAKE A MATCH! *(Please check all that apply)*

I am adopting a cat as a:

Companion for me Companion for my other animal(s) Companion for my family (ie: spouse, child)

I have chosen to adopt this cat because: _____

The most important thing I want in a cat is: _____

I consider my home to be:

Calm and quiet Middle of the road (sometimes quiet/sometimes a lot going on)

Busy (a lot going on: people going in and out, plenty of noise)

I want my cat to interact with guests at my house: Yes Somewhat No / Doesn't matter

My cat needs to be able to be alone: Less than 4 hrs at a time 4 – 8 hrs at a time 8 + hrs at a time

I want my cat to be active: Not really Somewhat Yes, very

I want my cat to enjoy being held: Rarely Sometimes Often

My cat will live: Indoors only Indoors/Outdoors Outdoors

My cat needs to be comfortable with:

Other cats/small animals Dogs Children Doesn't matter

My cat needs to be able to adjust to new situations quickly: Not important Somewhat important Yes

WHAT IS YOUR HOUSEHOLD LIKE?

Do you rent your home? No Yes

Does your rental agreement allow you to have animals? Yes, I am certain I don't know No

Landlord name: _____ Phone: _____

Who lives with you in your home? (please list all family members/roommates):

Are there are children in your home? No Yes What are their ages? _____

Do you have other animals? No Yes Please list your veterinarian: _____

Please list all animals you currently have or have had within the past 5 years:

Current pet? (Y/N)	Name	Species/Breed	Spayed/ neutered?	Declawed?	Owned for how long?

How much do you expect to spend on your cat each year? _____

Is there a situation in which you would not be willing or able to keep your cat? _____

How much time are you willing to give your cat to adjust to the new home? _____

Where will the litterbox be located? _____

Please indicate which topics you would like to discuss further:

- Preparing to bring home your new cat Routine veterinary care
- Feeding / diet Litterbox training
- Enrichment and exercise Introducing your new cat to resident animals
- Encouraging appropriate scratching Living with children and cats Declawing
- Other: _____

THIS QUESTIONNAIRE BECOMES A PART OF OUR CONTRACT

I certify that all information provided is true and understand that false information may nullify this application and authorize the Humane Rescue Alliance to verify the above information.

Responsible Party's Signature: _____ Date: _____

For office use only:

- Other animals Verify medical
- Household members

- ID check: USDC01
 USDC02
 USDC3