

I would like to adopt the following cat(s): _____ Date: _____

South County CATS ADOPTION QUESTIONNAIRE

Name(s): _____

Address: _____

City, State, Zip: _____

Email: _____

Cell phone: _____

Home phone: _____

Best time to call: _____ AM PM

Occupation/Employer(s): _____

Home is a: House Condo Apartment

Other: _____

How long have you lived here: _____

Do you: Own Rent Other: _____

Landlord: _____ Phone: _____

Landlord permission? Yes No N/A

Number of adults living in your home: _____

Number of children: _____ Ages: _____

Do other children visit often: Yes No

Does anyone have pet allergies: Yes No

Does everyone in your home

approve of this adoption: Yes No

Other pets in your home: _____ Cats _____ Dogs

Other: _____

Do you have a Veterinarian/Clinic: Yes No

If yes, Vet's name: _____

Do you have a cat carrier to bring a cat home?

Yes No

How many cats have you owned as an adult:

First time owner 1 or 2 3 or more

Who will be the primary caretaker of this cat:

Yourself Other: _____

What is the noise/activity level in your home:

Low Medium High

How much time daily will your cat spend without

an adult at home: 0 to 4 hours

4 to 8 hours 8 or more hours

Will your cat spend time: Indoors only

Indoors/Outdoors Outdoors only

Will your cat be supervised outdoors:

Yes No Not applicable

Where will your cat spend the night:

Indoors Outdoors

Please list your current and past pets, current pets first:

Pet's Name	Type: (dog, cat, bird, etc.)	Sex M/F	Altered Y/N	Age	What happened to this pet?

Type of cat are you looking for (check all that apply):

- Adult companion Playmate for kids
- Companion for pet(s) Mouser
- Other: _____

Breed: _____

No preference

Sex: Male Female No preference

Age: 10 to 16 weeks 4 to 12 months

1 to 5 years No preference

Hair: Short Medium Long

No preference

Do you enjoy grooming a cat: Yes No

Adult Size: Average (5 to 12 lbs.)

Large (15 to 25 lbs.) No preference

Temperament (check all that apply):

- High energy Mellow, easygoing
- Independent Affectionate, lap cat
- Talkative Quiet
- Other: _____

Are you looking for a declawed cat: Yes No

Would you consider adopting a cat with an existing medical condition: Yes No Maybe

If you already have a cat in mind, what attracted you to this particular cat: _____

Are there any bad habits, issues or problems that you could not tolerate or are not willing to work towards resolving (check all that apply):

- Litterbox problems Furniture/rug scratching
- Aggressiveness with adults, children or pets
- Extreme shyness or hiding Other: _____

Would you consider declawing your cat:

- Yes No Don't know

Under what circumstances would you not keep a cat:

What will happen to your pets if they outlive you:

Are there topics you would like to discuss with us?

- Indoor vs. outdoor Litterbox issues
- Inappropriate scratching Declawing
- Grooming Feeding Cats and kids
- Introducing a cat to other pets
- Other: _____

OFFICE USE ONLY	Date: _____
Volunteer name: _____	
Comments: _____	

<input type="checkbox"/> Approved <input type="checkbox"/> Denied (reason): _____	

