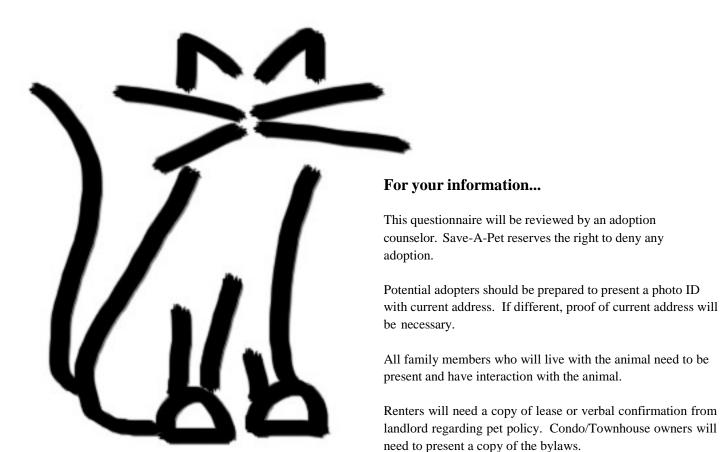
## Cat & Kitten

## Adoption Questionnaire



OFFICE USE ONLY	
☐ DNA Check by	

Please list all dogs and cats you have owned as an adult (past and present)   Name										
Addut#2  Last Name:	Potential Adopter In	nformation								
Address:	(Adult#1) Last Nam	e:			First	Name:		B	irth Date:_	//
City:						Name:				
City:State:	Address:									
# of Years at Residence:	City:	State	e:		Zip:					
Townhouse	E-mail:						(Adult#2)	Cell Phone: (_	)	
Townhouse	# of Years at Reside	ence: If at a	ddres	s less t	han 1 year	→ Prior	Address:			
Townhouse	Type of Property:	1 House			•	Prio	r City:	S	tate:	Zip:
Condo		☐ Townhouse					-			•
Condo		☐ Apartment	Γ	o you.	🗖 Ren	t → Landl	ord / Com	plex Name:		
Mobile Home Other:				•	☐ Own	n Landl	ord / Com	nplex Phone: (_	)	-
Position:		☐ Mobile Home						d pets? 📮 Yes	;	
Household Information # of adults in household:	_	• Other:						□ No		
Household Information # of adults in household:	(Adult#1) Employer	:			Position	ı:		Phone: (	)	
# of adults in household: Relationship(s):					Position	ı:				
Name         Breed         Age         Sex         Neutered         Declawed         Deceased         Where are they if not in household?           M         F         Yes         No         Yes         No         Yes         No           Who is your Veterinarian?	Pet Ownership									
M F   Yes No   Yes No   Yes No   Yes No   M F   Yes No	U				٠.		,			
M F   Yes No   Yes No   Yes No   Yes No   M F   Yes No	Name I	Breed	Age		+			Where are they	if not in hou	isehold?
M F   Yes No   Yes No   Yes No   Yes No   M F   Yes No										
M F   Yes No   Yes No   Yes No   Yes No										
M F   Yes No   Yes No   Yes No   Yes No   M F   Yes No										
Who is your Veterinarian?  Vet's City:  State:  Phone:  Vet's City:  Vet's Last Visit to a Veterinarian?  Vet's City:  Vet										
Who is your Veterinarian?  Vet's City:State: Phone: ()  When was Current Pet's Last Visit to a Veterinarian?//										
Vet's City:State: Phone: () When was Current Pet's Last Visit to a Veterinarian?//				M F	Yes No	Yes No	Yes No			
Vet's City:State: Phone: () When was Current Pet's Last Visit to a Veterinarian?//										
When was Current Pet's Last Visit to a Veterinarian?//										
	•		Y	M F	Yes No	Yes No	Yes No			
A 11	Vet's City:	S		M F	Yes No	Yes No	Yes No			
• • •	Vet's City: When was Current	S Pet's Last Visit to	o a Ve	M F Pleterinar	Yes No hone: (ian?/_	Yes No	Yes No			
□ No → Why?	Vet's City: When was Current	S Pet's Last Visit to	o a Ve	M F Pleterinar	Yes No hone: (	Yes No	Yes No			
# of Pet's you have had as an Adult:	Vet's City: When was Current Are all your pets up	Pet's Last Visit to to date on vacci	o a Ve natior	M F Pleterinar	Yes No hone: (	Yes No	Yes No			
Have you adopted from Save-A-Pet in the Past? ☐ Yes → Where is Animal now?	Vet's City: When was Current Are all your pets up # of Pet's you have	Pet's Last Visit to to date on vacci	o a Ve	M F Pleterinar	Yes No hone: (	Yes No	Yes No			

Cat/Kitten Questionnaire		
Describe your ideal pet / Why do you want to	•	
What kind of pet are you looking for? ☐ Indoor ☐ Outdoor ☐ Indoor/Outdoor	Where will the cat be whenyou're home?you're not home?you're asleep?	
How will you entertain/exercise your cat?		
How often will you scoop out the litter box?		
Have you ever clipped a cat's nails?		
Will you declaw your cat? □ No □ Y	es (2-paw)	
How will you introduce your cat to other ani	mals in your household?	
How much time are you prepared to allow for	or your new pet to adjust to your home?	
Under what circumstances would you not ke	ep or return this cat?	
How many hours a day will your cat be alone	e?	
Are you committed to providing a responsible	le home for your pet's entire life (could be 1	8+ <i>years</i> )? □ Yes □ No
If your pet were to outlive you, do you know would they be willing to be a co-signer for the		et in that situation and Io
Have you ever turned an animal in to a shelt	er?	
Are you prepared to assume the financial res routine and emergency medical care etc. (app	1 0;	
How did you learn about Save-A-Pet? ☐ Friend/Family ☐ Prior Supporter/A ☐ Other:	Adopter   Newspaper   Drive by	☐ Internet ☐ Yellow Pages
Are you willing to sign a legal contract agree	eing to pet owner responsibility?    Yes	□ No
By my signature, I certify that the above inforealize that any misrepresentation of fact may completing this questionnaire does not guar request for adoption. I authorize verification vet medical history. I understand that this question with other shelters and rescaled.	y result in my losing the privilege of adopting antee or reserve an animal and that Save-A on of all statements on this questionnaire included the property of Save-A-Pet was	g an animal. I understand that A-Pet has the right to deny my uding but not limited to prior
	Signature	

FOR OFFICE USE ONLY							
Adoption Counselor:	//	Initial Questionnaire Approved?☐ Yes	□ No				
If Pending please list what needs to be con Pending Item(s)	npleted	Date Completed	Initials				
Comments:							
Behavioral Litter Box Issues:							
Scratching: Unsociable/Hiding:							
Fighting with Other Animals:							
		# of Adopter(s):					
Date:// Cat's Name: Comments:							
		# of Adopter(s):					
Date:// Cat's Name: Comments:							