



The Anti-Cruelty Society Cat Adoption Questionnaire

Please note that in order to be considered for an adoption today you must: 1) Be at least 18 years of age, 2) Have the knowledge and consent of all adults living in your household, 3) Have a valid ID with current address, 4) Have the landlord's name and phone number (or lease) if you rent and 5) Understand that The Anti-Cruelty Society must approve your application.

Date: ___/___/___ Your Name: _____

Your Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

DO YOU: Attend School ___ Work ___ Employer: _____

DO YOU LIVE IN A (circle all that apply): House Apartment Condo Dorm With Parents

I OWN ___ I RENT ___ Landlord's name: _____

Landlord's Address: _____ Phone Number: _____

1. Please provide the following information about your household:

Number of adults _____ Number of Children _____ Ages of Children _____

2. Which member of your family will hold primary responsibility for the:

Feeding of your new cat? _____ Training? _____

3. Please tell us why you would like to adopt a cat from us. (Circle all that apply):

companion gift as a mouser for a child companion for another pet

4. What type(s) of pets do you own or have owned in the past five (5) years:

Pet's Name	Type/Breed	Kept Where?	Current Age	Altered		Sex		Still have?	
				Yes	No	M	F	Yes	No

5. If you have pets now or had them in the past, who is (was) your veterinarian?

Name: _____ Phone Number: _____

6. What inoculations has your pet(s) had in the past year? _____

7. When was your pet's last visit to a veterinarian? _____

8. If you move in the future, what will you do with your cat(s)? _____

9. How much do you anticipate spending yearly to feed, vaccinate, license and provide medical care for your new cat? \$ _____

10. Do you plan to spay or neuter your cat? Yes _____ No _____

1. This cat will be alone (without human companionship) for how long?:
 _____ hours a day _____ days a week
2. Where will the cat be kept during the day? _____ At night? _____
3. Do you plan to let your cat outdoors? Yes _____ No _____ If yes, how often? _____
4. How will you train your cat to:
 Stay off furniture/tables? _____
 Not scratch furniture? _____
 Not chew or eat plants? _____
5. What will you do if your cat:
 Urinate outside the litter pan? _____
 Keeps you awake at night? _____
6. What type of identification do you plan to place on your cat? _____
7. Would you consider adopting another cat for companionship for the first? _____
8. It may take your new pet two weeks (or longer if other pets are involved) to adjust to its new home. Are you prepared to allow this much time to adjust? Yes _____ No _____
9. How did you learn about The Anti-Cruelty Society? _____

The Anti-Cruelty Society has provided a thorough veterinary exam, vaccinations and more to ensure that the animal you are adopting today is healthy. However, because most animals arrive at the shelter without routine vaccinations, there is a short term risk of contagion. Viruses can incubate up to 10 days or more with no symptoms present. Because of this, The Anti-Cruelty Society will provide FREE care in our clinic for the next 15 days. This requires that you contact us with any concerns promptly. We have veterinarians on staff every day of the year to provide this assistance. Each message left for one of our busy doctors will be returned in a timely manner. Please note that if you choose not to take advantage of this support, and authorize care at a private veterinary hospital The Anti-Cruelty Society cannot reimburse you for those expenses.

Adopter Initials _____

By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of facts may result in my losing the privilege of adopting a pet. I understand that The Anti-Cruelty Society has the right to deny my request to adopt an animal, and I authorize investigation of all statements in this application. I understand that this application is the property of The Anti-Cruelty Society.

Signature _____ Date ____ / ____ / ____

FOR STAFF USE, PLEASE DO NOT WRITE IN THIS SPACE					
Tab band#	Age	Room	Attendant	Service#	
Screeners/BSR attached		Manager		A P D	
Counselor	Additional Comments				

