



www.catadoptionservice.org

Fax: (858) 228-9899

E-Mail: help2013@sdcats.org

Telephone: (760) 550-CATS

ADOPTION QUESTIONNAIRE

Date: _____

Name(s) of You and Any Partner: _____

Name(s) of Any Roommate(s): _____

Your Address: _____
(street address) (city) (state) (zip)

Your Contact Info: _____
(cell phone) (home phone)

(email address)

Your Occupation: _____

Name/I.D. No(s). of cat(s) you're interested in (or description of what you're looking for): _____

1. Do you live in a (check all that apply): house condo/townhome apartment mobile home

2. How long have you lived there? _____

3. Are you the record owner of the property where you live? yes no

If you are not the record owner, state the name and contact info of owner or manager for verification:

Name: _____ Tel/email: _____

If not, do you have the owner's permission to have the cat(s) live there?: yes no

4. Where will the cat(s) be kept?: indoor only mainly indoor, limited outdoor both outdoor

5. On an average workday, how many hours are people gone from the home?: _____
Where will the cat be kept when no one is home?: _____

6. Is anyone in your household allergic to animals?: yes no unknown

7. List the ages of all children living in your home: _____

8. What other animals currently reside in your home: ___ # of dogs ___ # of cats ___ # of other species

Are all dogs licensed?: yes no n/a

Are all dogs, cats & rabbits spayed or neutered?: yes no unknown n/a

List the breed, gender and age of each animal in the home: _____

9. Name and phone number of your veterinarian: _____
10. Have you ever owned another cat or dog?: yes no
If yes, what happened to each pet (if deceased, state date and cause of death): _____

11. Many cats will claw furniture, carpet and drapes, dig in potted plants, etc. How do you plan to handle these potential problems?: _____

12. What do you estimate as the annual cost of routine veterinary care?: _____
13. How often do you leave town?: _____ How will you care for the cat(s) while you're away?: _____
14. What will happen to the cat(s) if you move?: locally: _____
out of state: _____ out of U.S.: _____
15. Under what circumstances might you not keep the cat(s)?: divorce move new baby
 personal/family illness illness/injury of cat unacceptable behavior of cat other (explain): _____

16. Are you ready, willing and able to take personal and financial responsibility for the cat(s) throughout its/their expected 15-20 year lifespan? yes no maybe
17. Why do you want a cat (check all that apply)?: companion for: ___ self ___ spouse/partner
___ child/ren ___ other pet as gift to another mouser other (explain): _____

18. How did you hear about this cat or our organization?: walk-in internet search (which?:
___ catadoptionsservice.org or sdcats.org ___ petfinder.com ___ adoptapet.com ___ google
___ other) print advertising (which publication?: _____)
 referral (by who?: ___ prior adopter ___ veterinarian ___ other shelter/rescue ___ other source)

I certify that the above information is true, and I understand that any false information may result in denial or nullification of the adoption.

Adopter Signature(s): _____