



# Pet Assistance Foundation Cat Adoption Questionnaire



Pet store \_\_\_\_\_

**Please fill out both sides of this Questionnaire.**

Your Name: \_\_\_\_\_ Cat's Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Apt# \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Means of Contact:

Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

How long have you been at your present job? \_\_\_\_ Years \_\_\_\_ Months; Work Hours: \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Why are you looking to adopt this cat? \_\_\_\_\_

How long have you been thinking about adopting a cat? \_\_\_\_\_

What type of personality are you looking for in this cat? \_\_\_\_\_

Are you adopting this cat for: Yourself\_\_\_\_ Spouse\_\_\_\_ Children \_\_\_\_ Other Pet\_\_\_\_ As a Gift\_\_\_\_ Other \_\_\_\_\_

Do you plan to place a collar and name tag on this cat? Yes \_\_\_\_\_ No \_\_\_\_\_

Do You Give Your Veterinarian permission to release previous pets' medical history to us if we request it from their office? Yes:

\_\_\_\_ No: \_\_\_\_\_ Vet's Name: \_\_\_\_\_ Vet's Phone #: (\_\_\_\_) \_\_\_\_\_

Have you ever had a cat or kitten before? Yes \_\_\_\_\_ No \_\_\_\_\_

How long ago did you have a cat? \_\_\_\_\_ (Months/Years), How old was the cat? \_\_\_\_\_

What happened to the cat? \_\_\_\_\_

Did the cat wear a collar and name tag? \_\_\_\_\_ Identification Chip? \_\_\_\_\_ Both? \_\_\_\_\_

Was the cat neutered/spayed? \_\_\_\_\_ Neutered (Male) \_\_\_\_\_ Spayed (Female)

Do you live in a? House\_\_\_\_ Condo\_\_\_\_ Apt\_\_\_\_ Mobile Home\_\_\_\_ Other \_\_\_\_\_

Name of your Apt./Condo Complex? \_\_\_\_\_

How long in this residence? \_\_\_\_\_ How long at last residence? \_\_\_\_\_

Do you rent? Yes \_\_\_\_ No\_\_\_\_ If yes, do you have landlord's permission to keep a pet? Yes \_\_\_\_ No\_\_\_\_

Landlord Contact Information: Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

What type of food do you currently feed your pets? \_\_\_\_\_ NA \_\_\_\_\_

What type of food do you plan to feed this cat? Wet Only\_\_\_\_ Dry Only\_\_\_\_ Wet & Dry\_\_\_\_



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Please fill out both sides of this Questionnaire.

Would you object to a home visit prior to application approval? Yes \_\_\_ No \_\_\_ Reason \_\_\_\_\_

Who will be the primary care giver of this new cat? \_\_\_\_\_

How many people in your household?	Principal Adults ___	Number of Roommates ___	Number of Children ___ Their ages ( ___ ___ ___ )
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Would you ever consider moving into a home that does not allow pets? \_\_\_\_\_

How often do you travel? \_\_\_\_\_

Who will care for the cat while you are away? \_\_\_\_\_

How many hours per day will your cat have human company? All day \_\_\_ 8-10 hrs \_\_\_ 6-8 hrs \_\_\_ 5 hrs or less \_\_\_

Do you plan to keep the cat? Indoors \_\_\_ Outdoors \_\_\_ Both \_\_\_

Where will your cat be kept while everyone is away from home? Outdoors \_\_\_ Indoors \_\_\_ Both \_\_\_

Other (please specify) \_\_\_\_\_

Do you have a pet door allowing the pet outdoor access? Yes \_\_\_ No \_\_\_

Have you ever had to give up a pet? Yes \_\_\_ No \_\_\_ If yes, please explain what happened to the pet? \_\_\_\_\_

Does anyone in your household currently suffer from asthma or allergies? Yes \_\_\_ No \_\_\_

If anyone in your household is or becomes allergic to pets, what will you do with this cat/these cats? \_\_\_\_\_

What other pets currently live with you? \_\_\_\_\_

Please list all pets (cats, dogs, etc.) that have lived with you in the past last five years? \_\_\_\_\_

Where are they today? \_\_\_\_\_

If you plan to declaw, will you declaw: Front Paws \_\_\_ Back Paws \_\_\_ Both \_\_\_ Neither \_\_\_

Comments: \_\_\_\_\_

Are you open to us visiting the cat/kitten once it's settled in your home and/or grown up? Yes \_\_\_ No \_\_\_

Do you have a relative or close friend who would adopt the cat if you become incapable of caring for him/her?

No \_\_\_ Yes \_\_\_ If yes, who? \_\_\_\_\_

Any other comments or things we should be aware of: \_\_\_\_\_

I have read and understand all the questions and comments on this form. I have answered all questions as truthfully as possible. I understand that if I have purposely answered any of the questions untruthfully, I may be committing a felony and may be prosecuted to the fullest extent of the law. If this application is approved, PAF will contact me within 5 business days. I understand that Pet Assistance Foundation is a guest through the generosity of Petco but is in no way affiliated with it and that ***Pet Assistance Foundation Reserves The Right To Refuse Adoptions To Anyone.***

Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_