



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 ___/___/___