



CAT FOSTER TO ADOPT QUESTIONNAIRE

It is our mission to make certain that each person who adopts a cat is aware of the responsibilities of pet guardianship, and is capable of and willing to accept those responsibilities morally, physically and financially. Not every person who desires to adopt a cat should do so.

By completing this questionnaire, you will aid us in determining if you and your family are indeed ready for pet guardianship, and if the cat of your interest would suit you and your lifestyle. Should you agree that adopting a pet is a commitment throughout the lifetime of your companion animal, please fill out this questionnaire.

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CAT(S) OF INTEREST: _____

PERSONAL INFORMATION

Name: _____	Age: <input type="checkbox"/> Under 20 • <input type="checkbox"/> 20-35 • <input type="checkbox"/> 35-50 • <input type="checkbox"/> 50+
Name of <input type="checkbox"/> spouse • <input type="checkbox"/> partner • <input type="checkbox"/> roommate: _____	
Street address: _____	
City: _____	State: _____ Zip: _____
Home phone: _____	Work phone: _____
Cellular phone: _____	e-mail: _____
Occupation: _____	Spouse's occupation: _____
Work schedule: _____	Spouse's hours: _____
Names of all persons living in your household, their relationship to you and their ages: _____ _____ _____	
Please list two personal references and their relationship to you:	
Name: _____	Relationship: _____ Phone: _____
Name: _____	Relationship: _____ Phone: _____

YOUR HOME

Type of dwelling? <input type="checkbox"/> House • <input type="checkbox"/> Apt • <input type="checkbox"/> Condo • <input type="checkbox"/> Other _____
If Condo, what are the association's rules about pets? _____
Your home has: <input type="checkbox"/> 1 story • <input type="checkbox"/> 2 stories <input type="checkbox"/> Own or <input type="checkbox"/> Rent?
Does your home have a pool? <input type="checkbox"/> Yes • <input type="checkbox"/> No
Would you allow an inspection of your home by a rescue volunteer? <input type="checkbox"/> Yes • <input type="checkbox"/> No
If not a homeowner, do you have the landlord's permission to have a cat? _____
Landlord's name: _____ Phone: _____

YOUR PETS

Do you presently have a cat? Yes • No Have you previously had a cat? Yes • No

If you presently have a cat(s), have they been tested for FIV and Feline Leukemia? Yes • No

What are the results? FIV: Positive • Negative | Feline Leukemia: Positive • Negative

If you have had a cat(s), has any of them been declawed? Yes • No

If Yes, why? _____

If you presently have a pet(s) or had pets in the past, please complete the charts below. In the column, "what happened," write: gave away, sold him/her, took to the pound, abandoned, died, etc. (If the pet died, please state cause of death.)

CURRENT PET(S)

Species & Breed	How long?	Age	Sex	Altered	How & Why Obtained?	Kept In or Out
			M/F	Yes/No		
			M/F	Yes/No		
			M/F	Yes/No		
			M/F	Yes/No		

PREVIOUS PET(S)

Species & Breed	How long?	Sex	Altered	Kept In or Out	What Happened?
		M/F	Yes/No		
		M/F	Yes/No		
		M/F	Yes/No		
		M/F	Yes/No		

Have any of your dogs/cats ever had puppies/kittens? Yes • No

If Yes, you breed for: Fun • Profit • Show • Accident

Has any member of your family ever experienced animal-related allergies? Yes • No

Your Family Veterinarian:

Name: _____ Phone: _____

YOUR NEW CAT

Who would be responsible for the care of the cat? _____

Where would the cat live? Indoor only • Outdoor only • Indoor & Outdoor

Do you have any of the following? Balcony • Pet door • Unscreened windows or doors

Does your home have any other means of outdoor access for a cat? _____

Do you travel a great deal? Yes • No

How often? _____ How long at a time? _____

When you do travel, how do you intend to provide for the cat while you are gone? _____

What provisions would be made for the cat if you had to move to:

Locally? _____ Out of state? _____

To a place where no pets are allowed? _____

(Cont'd)

Under what circumstances would you not keep the cat?

- Divorce • Illness in family • Moving • New baby • New job • Potty-training problem
- Scratching furniture/carpet/drapes • Scratching people • Fleas • Allergy • Shedding
- Conflicts with other pets • Cat became ill • High veterinary costs • None of the above
- Other (please explain) _____

Do you plan to declaw your cat? Yes • No

If Yes, why? _____

If the cat became destructive at your home, what would you do? _____

The cat may live 15+ years, what would you do with your cat if you could no longer care for the cat? _____

Is there anything else you would like to tell us about yourself? _____

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Questionnaire Information: All of the information I have provided in this Questionnaire is true and correct. If any of the information changes, I will advise you promptly.

Signature: _____

Date: _____

Print Name: _____