

Golden Years Dog Sanctuary

12682 Kagel Canyon Road
Sylmar, CA 91342
818-636-1522 | goldenyearsdogsanctuary@yahoo.com

GYDS CAT ADOPTION QUESTIONNAIRE

Driver's license information will be requested when you adopt. Please have your driver's license with you.

ABOUT YOU

Name: Occupation: Age:
Address:
City/Zip:
Home phone: Work phone: Cell phone:
Email address:

HOUSEHOLD

Name of spouse/significant other:
Children (with ages):
Any additional people in the household:
Who will be responsible for the cat's care (feeding, cleaning litter box, taking to vet, etc.)?

Has anyone in your household experienced allergies or asthma? ☐ Yes ☐ No

Are you prepared to care for this cat for 15-20 years? ☐ Yes ☐ No

Why are you looking to adopt a cat? (check all that apply)

- | | |
|--|---|
| ☐ Companion for you/spouse | ☐ Companion for children |
| ☐ Companion for pet | ☐ Gift |
| ☐ Replace lost/deceased cat | ☐ Other |

If other, please explain:

YOUR HOME

Is your home a: ☐ House ☐ Apartment ☐ Condo ☐ Other

How long have you lived at this address?

Do you have plans to move in the near future? ☐ Yes ☐ No Where to?

Do you rent or own your home? ☐ Rent ☐ Own

If renting, do you have permission to have a pet? ☐ Yes ☐ No

Landlord's name and phone number:

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If you live in a condo or a community with an HOA, what are the association's rules about keeping pets? (please provide documents)

Do you have any of the following? (check all that apply)

- | | | |
|---|---|------------------------------------|
| ☐ Patio | ☐ Balcony | ☐ Pet door |
| ☐ Unscreened windows | ☐ Unscreened doors | ☐ Back yard |
| ☐ Front yard | ☐ Other outdoor access for a cat | |

Describe any other outdoor access:

Are you willing to have a GYDS representative visit your home? ☐ Yes ☐ No

In what areas of your home will your cat be allowed?

Where will you keep the litter box?

Where will your cat sleep at night? ☐ Cat bed ☐ Garage ☐ My bedroom ☐ Anywhere ☐ Other

How many hours per day will your cat be left alone?

Where will (s)he be left when alone?

PETS AND VET

Is this your first pet? ☐ Yes ☐ No

Other pets now? Dogs: Cats: Other:

Please list any pets you currently own:

Please list any pets you previously owned:

What happened to pets you previously owned?

Do you plan to declaw your new cat? ☐ Yes ☐ No If so, why?

Do you have a veterinarian? ☐ Yes ☐ No Vet's name and phone:

If you have other pets, are they spayed/neutered and current on vaccinations? ☐ Yes ☐ No

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If you have cats, are their vaccinations current? ☐ Yes ☐ No

Have they been tested for leukemia (FeLV)? ☐ Yes ☐ No Tested for FIV? ☐ Yes ☐ No

Are you prepared to cover any vet expenses your pet may incur throughout its life? ☐ Yes ☐ No

Is there a limit per incident? ☐ Yes ☐ No How much is too much per incident?

What is a behavior that would not be acceptable to you?

WHAT WILL YOU DO WITH YOUR NEW CAT...

If you move to a new home that does not allow pets?

If you get married or your household changes?

If a new boyfriend/girlfriend is allergic to cats?

If you travel?

If you move locally? Out of state?

How did you find out about this cat?

Cat preference:

THIS QUESTIONNAIRE BECOMES PART OF OUR CONTRACT. I certify that all the above information is true and accurate. I understand that if I adopt a pet through GYDS, this document will become part of the adoption record.

Signature: _____

Date: