#  GYDS ADOPTION QUESTIONNAIRE

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

Name: Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:

Address: Home phone:

City/Zip: Work phone:

Email Address: Cell phone:

Name of Spouse/Significant Other: Children (with ages):

List 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?

Are you prepared to care for this cat for 15-20 years?

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

[ ]  Companion for you/spouse[ ]  Companion for children[ ]  Companion for pet[ ]  Gift for

[ ]  Replace lost/deceased cat [ ]  Other (please explain)

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? Where to?

Do you rent or own your home? If renting, do you have permission to have a pet?

Landlord’s name and phone number

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? [ ]  Patio [ ]  Balcony [ ]  Pet door [ ]  Unscreened windows [ ]  Unscreened doors [ ]  Back Yard [ ]  Front Yard [ ]  Other means of outdoor access for a cat (describe):

Are you willing to have a GYDS representative visit your home?

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 (s)he wants [ ]  Other

How many hours per day will your cat be left alone? Where will (s)he be left when alone?

Is this your first pet?

Do you have other pets (describe)? 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? If so, why?

Do you have a veterinarian? Vet's name and phone #:

If you have other pets, are they spayed/neutered and current on their vaccinations?

If you have cats, are their vaccinations current? Have they been tested for leukemia (FeLV)? \_\_\_\_\_\_ Tested for FIV?

Are you prepared to cover any vet expenses your pet may incur throughout its life?

Is there a limit per incident? 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 moved locally? Out of state?

How did you find out about this cat?

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:**

**CAT PREFERENCE:**