

Animal ID: _____ Pet Description: _____ Agent: _____

Cat Adoption Questionnaire

Please take the time to fill out the following questionnaire. We are committed to trying to make the best match possible between you, your family and your new pet.

Name _____

Address _____ County _____

City _____ State _____ Zip _____ Twshp _____

Home Phone _____ Alternate Phone _____

Do you have an e-mail address? _____

Are you employed? ☐ Yes ☐ No If yes, where? _____

Does this cat need to get along with other animals? ☐ Yes ☐ No

Please list any pets you have or have had in the past five years:

Breed	Sex	Neutered?	Inside/outside?	Where did you get it?	Where Is It now?

Does anyone in your household have pet allergies? ☐ Yes ☐ No

Who is your veterinarian: _____

May we call your veterinarian for information about your pet's health history? ☐ Yes ☐ No

Please provide your vet's phone number: _____

This cat needs to be good with: ☐ children under 8 ☐ children over 8 ☐ elderly people

Please list all other members of the household:

Name	Age	Relationship	Male/Female
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1. _____

2. _____

3. _____

4. _____

5. _____

Who will be responsible for pet's care? _____

Where will this pet live during the day? _____ During the night? _____

Please check the following reasons that may cause you to give up your cat:

☐ Failure to use litter box

☐ Shedding

☐ Following everywhere

☐ Nipping/biting

☐ Human allergies to new pet

☐ Need for regular grooming

☐ Counter surfing

☐ Inappropriate clawing/scratching

☐ Killing birds/wildlife

☐ Fleas

☐ New pet health issues

☐ Other _____

**TURN
OVER**

When I'm not at home, my cat will spend its time:

- ☐ In the garage ☐ In the yard ☐ Loose in the house
☐ Confined to one room in the house

How would you describe your household? ☐ Active ☐ Busy ☐ Quiet

What attracted you to this cat? _____

Will this cat be a: ☐ House Pet ☐ Child's Pet ☐ Senior Citizen's Pet
 ☐ Gift ☐ Outside Pet

Have you ever **adopted** or **surrendered** a pet or pets to a shelter? If yes, please specify:

Please list the names and phone numbers of 3 personal references that are *familiar with you that are not family*.

1. _____
2. _____
3. _____

Do you live in a: ☐ House ☐ Apartment ☐ Mobile Home ☐ With your parents

Do you: ☐ Own ☐ Rent – Landlord's Name: _____ Phone: _____

How long have you been at this address: _____

Are you planning on moving in the next six months? ☐ Yes ☐ No

Do you fully understand that that if you can no longer keep this pet, you must return it to the Dessin Animal Shelter? ☐ Yes ☐ No

Do you understand that PA Law requires that all cats over the age of 12 weeks be vaccinated against Rabies and that it is against the law to allow your pets run at large? ☐ Yes ☐ No

Are you financially prepared to give your pet the medical care that it requires (*vaccinations, de-worming, regular vet visits*)? ☐ Yes ☐ No

Our shelter likes to keep in touch with our adopters to be sure that the pet is working out as expected, and to be able to help with any problems that may develop with this pet in the future.

Would you prefer to be contacted by: ☐ Phone ☐ E-mail

If by phone, please let us know the best time to call you: _____

*I certify that the above information is true and accurate; I give my permission for Dessin to contact any of the names given on this application. **Any false statements will result in denial of my adoption. I understand that all adoptions must be paid for in cash or with a credit card. I also understand that Dessin makes no guarantees as to the health or temperament of any of the pets for adoption.***

Signature _____ Date _____

Driver's License # _____ DOB _____