



Paw Project of Georgia, Inc. Cat Questionnaire

Name of Cat(s) if known: _____

Applicant Information

Name: _____ Date: _____

Address: _____

Street Address

Apartment/Unit #

City

State

ZIP Code

Phone: _____ Email: _____

Name of employer: _____ Do you own or rent? _____

If renting, are you prepared to pay the pet deposit and monthly fee, if any? YES NO

Current Environment

Why do you want a cat? _____

Do you have children? YES NO Ages: _____

Is this cat for your household? YES NO If no, is it a gift for another household? YES NO

Is everyone in the household in agreement to adopt a cat? YES NO

If no, please explain: _____

Is anyone in the household allergic to cats? YES NO

If yes, are you prepared to do what is necessary to mitigate symptoms (e.g., medicine, wash hands more) YES NO

Provide information on other pets permanently residing in your household:

	Species (e.g., dog, cat)	Age	Spayed/Neutered?		If cat, declawed?	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
1.			YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2.			YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3.			YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4.			YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5.			YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6.			YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Current Environment (continued)

If you have a dog, answer the following questions:

Has your dog been around cats or kittens before? YES NO If yes, circle one: Cats / Kittens / Both

If yes, what was the interaction like? _____

If no, what is your dog's reaction when seeing a squirrel? _____

Do you have a dog door? YES NO

Do you know what declawing means? YES NO If yes, do you plan to declaw? YES NO NOT SURE

Where will this cat stay? Inside _____ % Outside _____ %

If a percentage outside, what are your thoughts? _____

Are you aware that cats require annual vaccines and kittens require boosters until fully vaccinated? YES NO

Environment History

Have you owned cats or dogs before? YES NO

If yes, and they no longer live with you, where are they now? _____

Have you ever rehomed a pet? YES NO

If yes, why? _____

Miscellaneous

Reference (used to attempt to reunite you with your pet should it be returned to Paw Project):

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

How did you hear about Paw Project?

Previous adopter or volunteer

Internet search

Friend or family member

Other _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Paw Project of Georgia, Inc. will in no way be held responsible for any injury to any adult, minor child, and/or their property that may occur during the meet and greet process. In signing this form, you attest that you agree to release Paw Project of Georgia, Inc. and its representatives from all liability or damage that may be caused by the cat(s) to any person or property in your party. Paw Project of Georgia, Inc. reserves the right to refuse adoption.

Signature: _____ Date: _____