

# Questionnaire

Tell Us About You!

**In order to be considered for an adoption:**

- \* You must be 21 years of age
- \* Able to provide photo ID with proof of current address
- \* Knowledge and consent of all members living in the household

**Name of cat(s) you're interested in adopting:**

**Who will be the primary caregiver and financial provider(s) for the cat?**

**Name:**

First Name      Last Name

**Age:**

**Email:**

example@example.com

**Phone Number:**

Please enter a valid phone number.

**Address:**

Street Address

Unit/Apartment Number

**Occupation:**

**Do you rent or own your current residence?**

**Do you live in a house, apartment, condo, or basement?**

**How long have you lived at your current residence?**

**If rented, are pets permitted as per your lease or condo agreement?**

**If rented, please provide your landlords name and contact information:**

**Members of the household: (Please include off of the following)**

Name, Age, Relationship to the applicant and Occupation

**Member #1:**

**Member #2:**

**Member #3:**

**Member #4:**

**Member #5:**

**Member #6:**

**If you have children, what is their knowledge and experience around animals?**

**Does anyone in your household suffer from any known allergies?**

**Any more information that we need?**

**Are all members of your household in agreement of this adoption?**

Yes

No

I don't know

**Previous Pet History: (Please include all of the following:)**

Name, Species, Age, Spayed or Neutered?, Currently Owned? (If no, please explain?)

**Pet #1**

**Pet #2**

**Pet #3**

**Pet #4**

**Pet #5**

**Pet #6**

**Is there any situation you would consider declawing a cat?**

Yes

No

Maybe

**Do you believe in allowing cats to be outdoors?**

Yes

No

Yes, while supervised

Yes, I plan to leash train

**Do you have a separate space in your home for your new cat(s) to decompress?**

Yes

No

**Have you looked into pet insurance? If yes, which company?**

**Why do you want a cat?**

**What is your plan in the event you need to travel for an extended period of time?**

**What do you consider to be the basic requirements for a cat(s)?**

**What type of food(s) do cat(s) require? (Please specify by brands if you're aware)**

**What type of toys or furniture do you plan on providing for your cat(s)?**

**Under what circumstances would you consider surrendering your cat(s) back to the rescue?**

Behaviour Issues

Trave

- Litter box issues
- Damage to Furniture
- Shedding
- Cost of care
- Relocating
- Biting/agression
- NONE OF THE ABOVE

**Are you comfortable allowing an in-home or virtual tour of your space?**

- Yes
- No

**Please provide your current Veterinarians name and phone number:**

**Please provide a personal reference name and phone number:**