S.N.A.P.P.S.
Please return completed form to

**snappsociety@gmail.com**

**and/or**

 **Attn. Laurie Simington**

**K9consult@hotmail.com**



Cat you are interested in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CAT ADOPTION QUESTIONNAIRE

YOUR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YOUR ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your phone: (cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YOUR FAMILY:

1. Who are you adopting this kitten/cat for?

 [ ] Myself [ ]  other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (must be over 21)

2. Number of adults (18 + years) at home: \_\_\_\_\_\_\_

3. Number of children at home: *Please note we do not recommend children under 7*

 [ ]  0 – 7 years [ ]  8 – 17 years

4. Any visiting children? [ ] Yes [ ]  No

5. Any allergies in the family? [ ] Yes [ ]  No

6. How busy is your family’s schedule?

 [ ]  Very Busy [ ] Busy [ ]  Not busy

7. How would you describe yourself?

 [ ]  Nervous [ ]  Loud [ ] Calm [ ] Quiet

8. Are you planning anything the following in the next month?

 [ ]  Moving [ ] Holiday [ ] Change in schedule

9. Where will your kitten/cat stay during holidays?

 [ ]  At home with care [ ]  Boarding [ ] Other

Personal reference \_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please include the name and phone number of your reference.

Your reference’s relationship to you ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you known this reference? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YOUR HOME**

1. Who will have the primary responsibility for this kitten/cat?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Have you had kitten/cat(s) before?

 [ ] Yes [ ] No

3. What happened to them? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Any one in your household have allergies including yourself? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Have you surrendered or given away a pet?

 [ ]  Yes [ ]  No [ ]  If yes, please provide the reason:

 ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Approximately how much do you think your kitten/cat will cost you per year?

* + Vet/medical \_\_\_\_\_\_\_\_\_\_
	+ Food \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Boarding \_\_\_\_\_\_\_\_\_\_\_\_
	+ Grooming \_\_\_\_\_\_\_\_\_\_\_\_\_

7. Are there other kitten/cat(s) – or dogs/puppies in your household?

 [ ]  Yes [ ]  No

 [ ]  If yes, please list them:

* Breed: \_\_\_\_\_\_\_\_\_\_\_
* Age: \_\_\_\_\_\_\_\_\_\_\_\_\_
* Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_
* Fixed: [ ] Yes [ ]  No [ ]  If no, why not?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Please provide the name and phone number of your vet:

* Name: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Contact number: ( ) \_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_

**GENERAL INFORMATION**

1. What type of home do you live in?

 [ ]  Acreage [ ]  House [ ]  Apartment

2. Do you:

 [ ]  Own [ ]  Rent

3. Do you have your landlord’s/strata’s permission to have pets?

 [ ]  Yes [ ]  No [ ]  N/A

 [ ]  If yes, Please provide us with contact information for your landlord:

 ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. On average, how many hours will your kitten/cat be alone on:

* Weekdays? ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_
* Weekends? \_\_\_\_\_\_\_\_\_\_\_\_\_

**PROBLEMS YOU ARE WILLING TO WORK ON:**

 [ ]  Litter box training [ ]  Excitability [ ]  Mild aggression

[ ]  I am not willing to work on any problems [ ]  I need more information to decide

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Under what circumstances would you return your kitten/cat?

 [ ]  Moving [ ]  Too costly [ ] New baby [ ]  Aggression

 [ ]  Medical Reasons [ ]  Not enough time [ ]  Behavior problem

 Comment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Have you or anyone in your household ever been convicted of cruelty to animals?

 [ ] Yes [ ] No [ ]  If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Are you willing to have a RESCUE representative do a home visit by appointment?

 [ ]  Yes [ ]  No [ ]  If no, why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note:** kitten/cat(s) adopted through SNAPPS shall remain inside until their spay/neuter appointment which will be at 16 weeks (females, prior to first heat) and males (at least 18 weeks)

**Adoption fee:** will **include** first vaccines/spay or neuter/microchip

**FALSIFIED INFORMATION WILL LEAD TO AUTOMATIC REJECTION OF THE APPLICATION. SNAPPS RESERVES THE RIGHT TO REFUSE ANY APPLICANT.**

[ ] I understand that it is my responsibility to see and evaluate the kitten/cat for myself before agreeing to adoption. The adoption of a lifelong animal friend should not be impulsive, but rather a carefully thought out decision, which will ensure a loving, lasting relationship.

PRINT NAME: ­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_