



Pre-Adoption Questionnaire

In order to be considered for an adoption, you must:

- *Be at least 21 years of age*
- *Have the knowledge & consent of all adult members of your household*
- *Have consent of the property owner or landlord to house an animal in your residence*

First Name: _____ Last Name: _____

Date of Birth: _____ Email Address: _____

Street Address: _____

City, _____ State: _____ Zip: _____

Home Ph# _____ Cell Ph# _____

ABOUT YOUR HOME

1. Private House____ Condo____ Apartment____ Mobile Home____ Other____
2. Do you: Own____ Rent____ Live w/ family____ Other____
3. Are cats permitted? Yes____ No____
4. Name & phone number of Landlord or Condo Association: _____
5. How long have you lived at your current address? _____
6. Any plans to move in the next few years? Yes____ No____ Not sure ____
7. How many times have you moved in the last 5 years? _____
8. What would you do if your next residence does not permit cats? _____

ABOUT YOUR FAMILY

of Adults in home: _____ # of children in home: _____ Ages of children in home: _____

1. Are all household members in agreement about adopting a cat?
Yes____ No____ Not yet ____ I want it to be a surprise ____
2. For whom are you seeking to adopt this cat? _____
3. Who will be financially responsible for the cat? _____
4. Is anyone in your home allergic to pets? Yes____ No ____ Not sure ____
5. Household activity/noise level: High ____ Medium____ Low____
6. Do you travel? Frequently____ On occasion____ Rarely____
7. How will you provide for your pet if you travel away from home? _____
8. In case of an emergency, who would care for your pet? _____
9. For how many hours during the day are you typically gone from home? _____ hours
(including commute time)

ABOUT YOUR CURRENT PET(S)

Name	Species/ Breed	Gender	Spayed/ Neutered? Y or N	For how long have you had this pet?	Vet that provides care to pet	For cats: Indoor only or Indoor/ Outdoor	For cats: declawed? Y or N

1. If you have a cat, does it get along with cats? Yes ___ No ___ Not sure ___

2. If you have a dog, does it get along with cats? Yes ___ No ___ Not sure ___

3. May we call your veterinarian to verify vaccinations & spay/neuter status? Yes ___ No ___

Name & phone number of veterinarian: _____

4. Are you experiencing any difficulties with your current pets in terms of health or behavior? No ___ Yes ___

(if yes, describe _____)

PET HISTORY

1. Have you ever been the primary caregiver to a cat? Yes ___ No ___

2. Have you ever given a pet away, either to a shelter, rescue group, friend, relative or breeder, or sold a pet? Yes ___ No ___

3. Have you ever had a pet for a short period of time and it did not work out? Yes ___ No ___

4. Have you ever had an animal lost or stolen? Yes ___ No ___

5. Have you ever had to retrieve your pet from a shelter? Yes ___ No ___

6. Have you had a pet die of a mysterious cause, hit by car or poisoned? Yes ___ No ___

7. Ever have a pet that gave birth? Yes ___ No ___

For Past Pets (owned in the past 10 years):

Name	Species/ Breed	Gender	Spayed/ Neutered? Y or N	Owned for how long?	What happened to this pet?	How long ago?	Vet that provided care to pet	For cats: Indoor only or Indoor/ Outdoor	For cats: Was cat declawed? Y or N

PLANS FOR NEW PET

- 1. Will the cat live? Indoors only___ Indoors/Outdoors___ Outdoors only___ Not sure___
- 2. Where will the cat be when nobody is home? Indoors___ Outdoors ___ Either indoors or outdoors ___
- 3. Do you plan to declaw this cat? Yes ___ No ___ Not sure ___
- 4. What veterinary practice do you plan to use? _____
- 5. Reason for wanting to adopt: Companion___ Mouser___ Other_____
- 6. Type of pet desired: Adult___ Kitten___ Senior___ Male___ Female___ Declawed___
 Spayed/Neutered___ Indoors only___ Indoors/Outdoors___ Outdoors only___ Long haired___
- 7. If you adopt an animal who has not been spayed or neutered do you:
 Intend to spay/neuter___ Allow the cat to have kittens___ Not sure at this time___
- 8. Desired temperament/personality:_____
- 9. Do you know some cats require weeks/months to adjust to their new environment? Yes___ No___
- 10. Are you willing to allow for this adjustment? Yes___ No___ No, I want a quick adjustment___
- 11. Are you willing to bring your cat to a veterinarian for yearly exams and vaccinations? Yes___ No___
- 12. Are you willing to pay for emergency care (\$200–\$1,000 or more)? Yes___ No___ Not sure___
- 14. Will you commit to providing a home for a cat for the next 10 to 20 years? Yes___ No___ Not sure___
- 15. What circumstances might justify giving up a cat? (check all that apply)
 ___ Moving ___ New Baby ___ Cat not getting along w/other pets ___ Divorce ___ Behavior problems
 ___ Not using litter box ___ Children lost interest ___ Too time consuming ___ Allergies ___ Shedding
 ___ Destructive scratching ___ Health problems ___ Want to travel ___ New household member doesn't like cat
 ___ None Other:_____
- 16. Please describe any bad kitty habits that you cannot tolerate: _____

PLEASE PROVIDE US WITH THREE PERSONAL REFERENCES:

NAME	RELATIONSHIP	PHONE NUMBER

By signing below, I certify that the information I have provided is accurate. I give permission for a representative of FeralCare to call my references and the veterinary practices I have listed. I understand that FeralCare has the right to deny my application for any reason.

Signature:_____

Today's date:_____