

Cat Adoption Questionnaire

Email: animalcontrol@neccog.org

Facebook Page: NECCOG Animal Services

 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Thank you for the considering the adoption of a shelter animal! Before you decide to adopt a pet please consider the time, effort, and funds (estimated at $1000or more annually for food, supplies, vaccinations, and veterinary care) necessary to properly maintain an animal. Responsible pet ownership requires a commitment to provide care and companionship for the life of the animal. The decision to adopt is an important one. In order to insure that you and your pet will be happy for years to come, we need to take time to discuss the animal’s individual needs and personality traits. Please take a few moments to carefully read and complete this application.\*\*

1. Name of cat that you are interested in (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Do you currently live in a House\_\_\_ Apartment\_\_\_ Condo\_\_\_ Other\_\_\_?

3. Do you currently Own\_\_\_ Rent\_\_\_ Lease the residence where you live\_\_\_

4. How long have you lived at your current resident? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. If you are not the property owner, NECCOG Animal Services will verify your residences current pet policy**.**

**Landlord’s Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone Number**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. How many adults live in your home? \_\_\_ How many children \_\_\_ Ages\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Does anyone in your household have allergies? Yes\_\_\_ No\_\_\_

8. Who will be primarily responsible for the care of this cat? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Is this cat a gift? Yes\_\_\_ No\_\_\_

10. Do you have other pets: Are their vaccinations current? Yes\_\_\_ No\_\_\_

11. I f dogs, are they currently licensed? Yes \_\_\_ No\_\_\_

12. Do you have a regular veterinarian? Yes \_\_\_ No \_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Under what circumstances would you not keep this cat? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Please list all of the pets you have had in the last 10 years including current pets, and those you no longer own.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Species | Breed | Age | Sex | Altered  | Owned how long? | What happened to him or her? |
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15. The noise/activity level in my home is usually: High \_\_\_ Medium \_\_\_ Low \_\_\_

16. I would enjoy brushing or grooming my cat: Rarely \_\_\_ Occasionally \_\_\_ Daily \_\_\_ Weekly \_\_\_ Monthly \_\_\_

17. My ideal cat would: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 18. Bad cat habits that I just can’t tolerate are: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

19. Will this cat be: Inside\_\_\_\_\_ Outside\_\_\_\_\_ Inside/Outside\_\_\_\_\_\_?

20. Would you declaw a cat? Yes\_\_\_ No\_\_\_\_

\*\* I certify that the above information is true and correct to the best of my knowledge. I also acknowledge falsification of the above can result in my being denied adoption of an animal or, if an animal has been adopted to me, the returned of that animal to NECCOG Animal Shelter. \*\*

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