

E-Cat Adoption Application Page 1

1. Date: _____
2. Cat's Name: _____
3. Your Name(s): _____
4. Phone Number: _____
5. Address: _____
6. Who shares your household? Spouse Roommate Children Other: *(Describe)* _____
7. Ages of offspring, if any: _____
8. Type of dwelling: House Apartment Condo Other: *(Rent Or Own)* _____
- 9a. What is your occupation? _____
- 9b. Occupation of your housemate/spouse? _____
10. Do all adults in your household know you plan to adopt a cat? Yes No
11. If you rent, do you have the landlord's permission to have a cat? Yes No Can we see your lease? _____
12. Who is more the "cat person" (or "cat caretaker"), you or your housemate/spouse? _____
13. If your present relationship were to change, with whom will the cat remain? _____
14. If you were to become disabled and were no longer able to care for the cat, what would you do? _____

15. Is anyone in your household allergic to cats? Yes No If yes, who? (Kids, spouse?) _____
16. Do you have a cat (or cats) now? Yes No *If Yes, list breed, sex, age and if spayed or neutered:* _____

17. List animals you own other than cats: _____
18. How many hours a day do you work? _____
19. How many hours a day does your spouse/roommate work? _____
20. What percentage of time will the cat be in the house? _____% Percentage outside? _____%
21. Do all of your windows have screens? Yes No
22. Is the cat allowed on the furniture? Yes No
23. Where will the cat sleep at night? *(Please be specific . . .)*
(if inside): Kitchen Back porch Bedroom Garage Other: _____
(if outside): Covered patio Yard Other: _____
24. Is anyone home during the day? Yes No
25. How many hours will the cat be left alone during the day? _____
26. Where would the cat be when left alone? *(Give percentages of time)* House % Yard %
 Other *(Describe & include percentage)* _____%
27. When you go on vacation, who will care for the cat? Pet sitter Vet Board at Kennel
 Friend comes by Other: _____
28. Do you have a doggie door? Yes No
29. Would the cat have access to a balcony or patio? Yes No
30. Do you have screen doors? Yes No
31. Do they close automatically? Yes No
32. Do you have employees working at your home? Yes No

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33. Does a housekeeper have a key to your home? Yes No
34. Does your landlord have a key to your house? Yes No
35. Do you have roommates? Yes No
36. Do you trust them not to let the cat out? Yes No
37. Do you travel a great deal? Yes No
38. Frequency and Length of Absences _____
39. In the past, when your cat has run away, what did you do? Check shelters Put up signs Ads in paper
 Took flyers door to door Waited, because my cat always comes back Other: _____
40. Who will be mostly responsible for feeding the cat? _____
 What food will you feed: Brand of dry food? _____ Brand of canned food? _____
41. Will you feed your cat "people food"? Yes No If so, what kind?
42. Which of the following will you use for flea control? Flea sprays Flea baths Flea collar Front Line
 Flea comb Herbal collar Program Advantage Other: _____
43. What discipline will you use if your cat pees on your pillow or scratches your furniture?
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44. Have you previously owned a cat? Yes No If yes, please give us some history about this on the last page
45. Have you ever bred a cat? Yes No
 If so, what breed? _____
 If so, accidental or on purpose? _____ If on purpose, why? Fun Show Profit?
 What did you do with the kittens? _____
46. If you have other cats, are they: Declawed? Neutered/spayed? Tested for FeLV & FIV?
47. What is your primary reason for adopting a cat? Companionship Your spouse wants one Kids want one
 Catch mice or gophers Barn cat Gift (For whom?) _____
 Other _____
48. Which of the following would force you to give up your cat? Move locally Move out of state Move overseas
 Job change involving travel Trouble with other pets Other _____
49. Under what circumstances will you not keep the cat? Divorce/Separation Marriage Pregnancy
 New Baby Cat loses control of bladder or bowels Other _____
50. In the past, when I was forced to give up my cat, I did one of the following: Gave it to a relative Gave it to a friend
 Found a home through ad Gave to adoption group Gave to city/county animal shelter
 Other: _____
51. What are your important issues? Size? Age range? Male/female? Personality?
 Coat/Appearance? Breed? (If so, what breed?) Other: _____



E-Mail to: Adoption@care4pets.org

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52. What is the name of your veterinarian? _____ City &/or Phone No:

53. Do you know where the nearest emergency vet clinic is? Yes No

54. How did you find our adoption program? Internet Referral Other: _____

55. Please list the dogs and cats you have owned since you have been an adult (state length of ownership).

Indicate if the pet was lost, given away, stolen, sold or died (state cause of death):

56. Under what circumstances would you consider euthanizing a pet?

Signature of Adopter

Date

ADDITIONAL INFORMATION