



SPCA ADOPTION QUESTIONNAIRE

CATS A H D

**THIS FORM MUST BE FILLED OUT COMPLETELY PRIOR TO ADOPTION.
PLEASE ANSWER ALL QUESTIONS**

Last Name (please print) _____ First Name _____

COMPLETE Physical Address (No P.O. Boxes) _____

Home Phone _____ Work Phone _____ Date _____

1) What type of cat are you looking for? _____

Circle one: Housecat, Companion, Mouser, Gift, Other

2) What attracted you to this cat? _____

3) Is an adult home during the day? ___ How long each day will the cat/kitten be alone? _____

4) Where will the cat/kitten be kept during the day? _____ At night? _____

5) While you are not at home? _____ When you travel on vacation? _____

6) Who in your family will be responsible for the pet's daily care? _____

7) A feline may live 20 years or more. Do you agree that pet guardianship is a lifetime commitment? ___ Have you now or ever had pets? ___ Please list:

8) Type of Pet	How obtained	Length of stay	What Happened to pet?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9) If you are a guardian of a dog has he/she been exposed to cats? ___ How does your dog behave/react to cats/kittens? _____

10) Primary reason you want to adopt this cat? _____

11) Is anyone in the household allergic to animals? ___ Yes ___ No

12) Animals are as individual as people. Are you willing to spend the time and effort needed to help this pet adjust to your home? ___ Yes ___ No. How much time? _____. Are you willing to adjust your lifestyle to ensure that your new pet will be happy and healthy? ___ Yes ___ No

13) What kind of animal behavior(s) do you feel unable to accept; i.e. what would cause you to return the cat/kitten to us: _____

14) What method of punishment do you intend to use if the cat/kitten misbehaves _____

15) What will happen to the cat/kitten if you unexpectedly move? _____

16) Are you aware that the costs of veterinarians and medications can be as much as several hundred dollars per visit per pet? ____ Including the costs of veterinarians, clinics, or hospitals, and medications, how much do you think it will cost to feed, vaccinate, license, purchase supplies for, and care for this cat/kitten each year? \$ _____

Will you allow the cat or kitten out of doors? _____ Will you keep him/her indoors? _____

17) Would you object to an inspection of your premises by our staff? _____.

18) How did you learn about us? _____

1) Your email address _____

2) Name of Spouse/ Roommates _____

3) Number of People in household : Adults _____ Children _____ Ages of Children _____

4) Occupations of Adults _____

5) Type of Dwelling: _____ House _____ APT _____ Other _____

6) Do You : ____ Own ____ Rent Landlord's Name _____ Phone # _____

7) Name of Veterinarian Clinic _____

8) Please list the names, addresses, and phone numbers of two references:

NAME

ADDRESS

PHONE NUMBER

I certify that the above is true and correct. Any false information may result in the nullification of this adoption. I have done the necessary planning and budgeting in order to make this new addition to my household a welcome member of my family. I understand that all animals adopted from animal shelters in Virginia must be spayed or neutered before adoption. I further give the SPCA permission to check my veterinarian records to confirm the above information.

Signature _____ Date _____

SPCA Adoption Counselor _____ Date _____

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