Pre-Adoption Questionnaire



WHO ARE Y	OU INTERESTED II	N MEETIN	NG?								
ABOUT YOU	AND YOUR FAM	LY									
Name						Partner/Roommate's Nan					
Address				Apt/Unit #		City	State		, Zip Code		
ridaress				, , p 0, 0 m m		<i></i>			State	,, <u> </u>	
Primary Phone	□ Cell □ Home □ Wo	rk Alt. Ph	one □ Cell	☐ Home ☐ Wo	rk	Email					
Your Occupation					Employer						
Spouse/Roommate Occupation					Employer						
Number of adults in home? Number of children in home				Ages of childre	 Ages of children in h			me? Are all members of your household accepting of adopting a new feline friend?			
Is anyone in the	household allergic to	cats?	□ Yes	□No							
Type of dwelling: ☐ House ☐ Apartment ☐ Condo ☐ Duplex ☐ Mobile							e Home Do you: □ Rent □ Own				
·	☐ Permanent Address	-	•			· · ·				s? □ Yes □ No	
How did you hear about Purrfect Pals? ☐ Previous Adopter ☐ Family/Friend ☐ Flyer/Brochure ☐ Petfinder ☐ Adopt-a-Pet											
☐ Social Media	□ Web Search □ Pe	t Store ⊔	Event ⊔ O	ther Shelter $\;\sqcup\;$	Oth	ner					
ABOUT VOI		MER ANII	MAIS								
ABOUT YOUR CURRENT/FORMER ANIMA List your current/former pets First time			t time cat o	wner? Yes	; [☐ No ☐ Do you have a pet door? ☐ Yes ☐			□ Yes □ No		
Cat/Dog	Breed	Sex	Age	How long	g ow			pened to the		Indoor/Outdoor	
										In	
Do you have a r ☐ Yes ☐ No	egular veterinarian?	Name of v	et/clinic:								
Have you ever l	nad to give up or rehor	ne an anim	al? □ Yes	□ No Why?							
	INFORMATION	at ic		Who will be	prin	marily roc	noncible :	for the care/s		vision of this not?	
my primary rea	son for adopting this c	at 15		who will be	· prii	narily res	ponsible	ior the care/s	superv	rision of this pet?	
Who are you ac	lopting this pet for?	☐ Self ☐ C	Child(ren)	☐ Gift ☐ Frier	nd fo	or anothe	rpet \square	Other			
Will your cat liv	e: □ Indoor only □ Ir	door/outd	oor 🗆 Out	door only							

ADOPTION INFORMATION Where will this cat be during the		ued)	Where will this cat be at night?						
,			 erested in meeting cats who scription diets? □ Yes □	11.2	How many hours during the average day will this cat spend without a human?				
What will happen to this cat if yo	ou are gone	for an exten	ded period of time? (i.e. vac	ation, emerger	icies, travel)				
What will happen to this pet if y	ou are no lo	onger able to	care for him/her?						
Do you currently own (or have you previously owned) a declawing this cat? declawed cat? ☐ Yes ☐ No			If yes, for what reason would you declaw?						
Are you prepared to accept the	cost of a ne	w cat in your	home? 🗆 Yes 🗆 No						
Cats can live 15-20+ years. Are y	ou willing t	o take respoi	nsibility for this cat for its lif	etime? 🗆 Yes	, □ No				
Are you willing to spend the tim	ne and effor	t helping this	s cat adjust to your home ar	d lifestyle? □	Yes □ No				
Under what circumstances wou	ld you not k	keep this cat?	(i.e. urinary, destructive be	navior, medical)				
information may result in nullific	nature	•		,	Date				
Sigi	iature				Date				
Staff/Volunteer Name:			Adoption Loca						
ADOPTION COUNSELOR	NOTES:								