



CAT Adoption Questionnaire

Reviewed by: _____

Name: _____ Spouse/Partner Name: _____

Home #: _____ Work #: _____ Cell #: _____

Mailing Address: _____ City/State/Zip: _____

Street Address: _____ City/State/Zip: _____

How long there? _____ E-mail address: _____

Drivers License/ ID number / Expiration Date _____

Adopter's age: (please circle) 18-24yrs. 25-40yrs. 41-59yrs. 60-75yrs. 76yrs. +

Do you live in a (house)____ (condo)____ (apartment)____ Live with parents _____

Mobile Home _____ Name of park _____ Dormitory _____

Do you rent? Yes No

Name of Landlord _____ Phone # _____

What is your family type and lifestyle: single couple senior family roommates

How many people live in the home? _____ Ages: _____

Ages of children who visit the home? _____

Does anyone in the household have animal related allergies or asthma? Yes No

Are you planning on moving soon? Yes No If yes, where? _____

Are you working____ retired____ attending school____ home____ other?____

Your Place of Employment: Town/State _____ Commute Time: _____

What is your work schedule (Days & hours)? _____

Spouse/Partner's Place of Employment: Town/State _____ Commute Time _____

What is your work schedule (Days & hours)? _____

If you are not employed, who will be financially responsible for this pet? _____

List 2 Unrelated LOCAL Personal References:

1. _____
Name Address telephone number

2. _____
Name Address telephone number

How did you find this pet or hear about Warwick Valley Humane Society?

<input type="checkbox"/> Petfinder website	<input type="checkbox"/> TH Record	<input type="checkbox"/> Website	<input type="checkbox"/> Fundraisers
<input type="checkbox"/> Shelter visit	<input type="checkbox"/> Friend / Relative	<input type="checkbox"/> Local Paper	<input type="checkbox"/> Other

Have you ever adopted a pet from the Warwick Valley Humane Society? Yes No

If yes, what type of pet _____ and where is that pet now _____

Please list any and all pets you have owned in the last (5) five years?

Type or Breed of Pet	Name	Age	How long owned?	Spayed or Neutered	Still with you? If no, how long ago?	Current Rabies Vaccination?	Kept where?	Were or are your Cats de-clawed?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	In / Out / Both	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	In / Out / Both	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	In / Out / Both	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	In / Out / Both	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	In / Out / Both	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	In / Out / Both	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	In / Out / Both	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	In / Out / Both	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	In / Out / Both	<input type="checkbox"/> Yes <input type="checkbox"/> No

Veterinarian Information (for previous and/or current pets):

Name: _____ Business Name: _____

Phone #: _____ Owner name on records: _____

YOU MUST NOTIFY YOUR VET TO RELEASE YOUR INFO TO US IN ORDER TO PROCESS THIS APPLICATION

Do you provide your pet(s) with a health exam by your vet at least once a year? Yes No

Do you have a regular professional groomer for your pet(s)? _____

Name & telephone number of groomer or pet salon _____

How much do you anticipate spending yearly on this pet? (food, veterinary, toys, emergency, etc.) _____

Please circle your answers to the following:

1. I would consider my household to be like a	Library	Average	Carnival
2. I am comfortable with a cat that likes to play "chase my ankles" and similar games	No	Somewhat	Yes
3. I want my cat to interact with guests that visit our home	Not necessarily	Sometimes	All of the time
4. How do you feel about a boisterous, adventurous cat that gets into everything?	Prefer not	OK	Love it
5. My cat needs to adjust to new situations quickly	Not important	Somewhat	Yes
6. I want my cat to love being with children in my home	Not important	Somewhat	Most of the time
7. My cat needs to be able to be alone	> 9 hrs.	4-8 hrs. /day	< 4 hrs. /day
8. I want my cat to be by my side or in my lap	Little of the time	Some of the time	Most of the time
9. I want my cat to enjoy being held	Little of the time	Some of the time	Most of the time
10. I need my cat to get along with	Dogs Bird	Cats Rabbit	Other
11. My cat will be	Inside only	Inside/Outside	Outside
12. I have lived with cats before	No	Yes (when _____)	Currently
13. I prefer my cat to be talkative	No	Yes	Not important
14. I want my cat to play with toys	Little of the time	Sometimes	Often
15. Other animals visit my home	No	Yes	Explain
16. I will or may consider de-clawing my cat	Yes	Maybe	No
17. I can provide for a cat with special needs	Medical	Dietary	No

18. It is important to me that my cat _____
19. It is important to me that my cat NOT _____
20. A new pet will take time to adjust to you, the new environment, other pets and new routines. What do you consider to be a reasonable adjustment period? _____
21. Animals may, sometimes, have a medical issue(s) not evident while at the shelter. Are you willing to assume this responsibility? YES NO

22. Please check ALL of the following topics you would like to discuss with the Adoption Counselor:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Diet/Nutrition | <input type="checkbox"/> Introducing other pets | <input type="checkbox"/> Indoors v. outdoors | <input type="checkbox"/> Litter training |
| <input type="checkbox"/> Health (vet cost) | <input type="checkbox"/> Introducing children | <input type="checkbox"/> Spraying | <input type="checkbox"/> Declawing |
| <input type="checkbox"/> General care costs | <input type="checkbox"/> biting/scratching humans | <input type="checkbox"/> Jumping on counters | <input type="checkbox"/> Scratching objects |

Please tell us why you would like to adopt this cat? _____

Name of staff person who assisted you today _____

I understand that the information I provided about my current/past pets needs to be verified as part of the application process and I give my permission to my vet to release this information to the Warwick Valley Humane Society. **Initial as read** _____

I have seriously considered all aspects of owning a pet and I am aware of the time and money involved. I am prepared to make a commitment to this pet for its lifetime. I agree to keep this animal in accordance with all applicable laws of the community. *I understand that filling out this application does not guarantee an adoption and that the Warwick Valley Humane Society reserves the right not to adopt.* **Initial as read** _____

I will provide the animal with proper and adequate food, water, shelter, training, affection and medical care (vet appointment once a year!). **The Warwick Valley Humane Society does NOT guarantee an animal's health, temperament or behavior.** **Initial as read** _____

Have you ever been convicted of neglect or cruelty to animals?

Yes No

By signing, I affirm I am 21 years of age or over, and the information contained on this form is true to the best of my knowledge. I understand that Warwick Valley Humane Society may approve or deny an adoption based on this or other information during my visit. I understand that the application process may take 24 to 72 hours to process due to the need for confirmation on the information provided and *that giving false and/or incomplete information may result in being denied and I agree to all terms and conditions.*

Should I be approved for adoption, I understand that I will be required to make a substantial commitment of time and money to this animal for up to twenty years.

Name printed: _____

Applicant Signature: _____

Date: _____

*Thank you for taking the time to complete this form.
This information will help us match you with the right animal for your family.*

FOR WVHS USE ONLY:			
Vet.	Y	N	_____
Ref.	Y	N	1. _____
			2. _____
Landlord	Y	N	_____
Result	Y	N	_____