



CAT/KITTEN Adoption Questionnaire

Please indicate the name of the cat/kitten you are interested in adopting _____

Name: _____ Spouse/Partner Name: _____

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

Mailing Address: _____ City/State/Zip: _____

Street Address: _____ City/State/Zip: _____

E-mail address: _____

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 _____ Dormitory _____

Mobile Home _____ Name of park _____

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

Do you OWN or RENT? (Please circle) _____ How long there? _____

Name of Landlord /HOA _____ Phone #(required) _____
Or submit a copy of your lease

What is your family type and lifestyle: (please circle) single couple senior family room-mates

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 working _____ retired _____ attending school _____ home _____ other? _____

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

List 2 Unrelated LOCAL Personal References:

1.	_____	_____	_____
	Name	telephone number	years known
2.	_____	_____	_____
	Name	telephone number	years known

Have you ever adopted or applied to adopt a pet from the Warwick Valley Humane Society? Yes ☐ No ☐
If yes, what type of pet _____ and where is that pet now _____

Have you ever had any issues that prevented you from keeping your pet? Yes ☐ No ☐ If yes, please explain: _____

Will you allow a shelter representative to visit your home prior to adoption approval? Yes ☐ No ☐

Please list any and all pets you have owned in the last (5) five years? Use other side if needed.

Breed or species	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

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 use a clinic for vaccines? Yes ☐ No ☐ Can you provide a copies? Yes ☐ No ☐ Please initial

Do you have a regular professional groomer for your pet(s)? Yes ☐ No ☐

Name & telephone number of groomer or pet salon: _____

Please circle your answers to the following:

1. I would consider my household to be like a	Library	Average	Carnival
2. How do you feel about a cat that gets into everything, chases ankles, etc?	Prefer not	OK	Love it
3. I want my cat to enjoy being held, in my lap or by my side	Little of the time	Some of the time	Most of the time
4. I need my cat to get along with	Dogs Bird	Cats Rabbit	Other
5. Other animals visit my home	No	Yes	Explain
6. My cat needs to be able to be alone	➤ 9 hrs./day	4-8 hrs./day	< 4 hrs./day
7. I want my cat to be a mouser	No	Yes	Not important
8. My cat will be	inside only	inside/outside	outside
9. I will or may consider de-clawing my cat	Yes	Maybe	No
10. I can provide for a cat with special needs	Medical	Dietary	No

11. What would cause you to need to give up this pet? _____

12. 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? _____

13. Where will your new cat be kept during this adjustment period? _____

14. Animals may, sometimes, have a medical issue(s) not evident while at the shelter. Are you willing to assume this responsibility? YES NO

15. 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"/> Toys/enrichment | <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 |

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

I will not allow my adopted cat to be de-clawed. Initial: _____

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 it's lifetime. I agree to keep this animal in accordance with all applicable laws of the community. I understand that completing this application does not guarantee an adoption and that Warwick Valley Humane Society reserves the right not to adopt. **Initial as read** _____

I understand and agree that in the event that I am unable or unwilling to care for this adopted pet, this pet is to be returned to Warwick Valley Humane Society with prior notification. Initial: _____

I attest that I have never pled guilty to or been convicted of neglect or cruelty to animals? Initial: _____

*I give permission to Warwick Valley Humane Society to submit my information to Hill's Science Diet Shelter Nutrition Partnership program upon approval of my application. This offer does not affect the outcome of this application. **Accept:** _____ **Decline:** _____*

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.

Printed Name: _____

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** _____