



**PRE-ADOPTION QUESTIONNAIRE -
CAT/KITTEN**

Name: Mr. Mrs. Ms. _____

Home Phone: _____

Street Address: _____

Work Phone: _____ Cell # _____

City: _____ County: _____ State _____ Zip _____

Email address: _____

Co-Owner Name: _____

Phone: _____ Cell # _____

Have you ever adopted before? Yes No Other _____

7. For whom are you adopting this pet? Self Children Family Gift Other Pet Other

8. Who will be primarily responsible for the care and supervision of the animal? _____

9. Will this cat be in the presence of children frequently? Yes No
If yes, what ages? _____

10. Do any household members have known allergies to CATS? Yes No

LONG TERM PET CARE:

11. What will happen to this cat if you move or become unable to care for it?

12. Are you prepared to accept the vet cost of a cat? Yes No Don't know

13. Do you have a veterinarian for your pet(s)? Yes No N/A

Name & Ph# of Clinic: _____

14. Approximate date of last vaccinations for current pet(s):

1. Briefly describe why you would like to adopt a
CAT/KITTEN. _____

HOUSEHOLD:

2. Do you live in: House Townhouse Condo Mobile Home Apartment

Complex Name _____

3. Does your lease allow pets? _____ Yes _____ No

Landlord Name and phone#

4. Do you need to contact your landlord before we do to verify this information?
_____ Yes _____ No

5. Do you: Rent Own, & how long have you lived at this address?
Years _____ Months _____

ANIMAL SELECTION/BEHAVIORS:

6. As an adult, have you owned a cat? Yes No If yes, what
breed? _____

7. Please list the pets that you have had in the past five years (both current and those you no longer own):

Breed/Type	Age	Sex	Spayed/Neutered	Deceased	or	Alive
------------	-----	-----	-----------------	----------	----	-------

What happened to him/her?

8. Kittens Only:

Do you want to house the kitten indoors? Yes No

Do you want to house the kitten outdoors? Yes No

9. Cats Only:

Do you want to house the cat indoors? Yes No

Do you want to house the cat outdoors? Yes No

a) Where will this animal
sleep? _____

How will keep the cat confined to your property if it has access to
outdoors? _____

How do you plan on coping with furniture
scratching? _____

How do you feel about declawing a
cat? _____

For what potential problems do you feel unprepared? *Please check all that apply.*

- Biting House soiling Not good with other animal's Not good with children
Excessive activity level Medical issues Confinement issues Other

Explain _____

I certify that this information is true and correct, and I understand that false information may result in nullifying this adoption. I understand this questionnaire remains the property of Randolph County Humane Society. I understand that RCHS has the right to do a home inspection prior to approval of adoption and may refuse an adoption to anyone. This Pre-Adopt does not guarantee you adoption of said animal.

SIGNED _____ **DATE** _____

Must be over 18 years to sign this agreement

Thank you for completing this questionnaire. This enables our adoption staff to match people and animals for a lifetime.

*****FOR USE BY ADOPTION ADVISOR DURING DISCUSSION WITH ADOPTER*****

Reviewed by _____ **Date** _____

Results: _____ Approved _____

Declined Results of Landlord conversation: _____

Review Policy for:

- Housetraining Crate Confinement Activity Breed In/Out Intro to other Pets
 Return Policy

Home Check Done by: _____ **Date** _____

Attached results: ___YES ___NO

NOTES Attached or Write on Back: _____
