

Date _____

Cat's/Kitten's Name _____



CAT ADOPTION SURVEY

The Eleanor Sonsini Animal Shelter strives to make the best match between adopter and animal. We use this survey to help match your preferences and needs to the needs and personality of our animals. Please keep in mind that not all pets will be happy in all types of households. Let our staff's expertise help you find the perfect new best friend for you! Please remember that filling out this survey does not reserve or guarantee the adoption of any particular animal. In order to be considered for adoption, you must provide verifiable identification and be at least 18 years of age.

Name of applicant _____ Occupation _____

DL or ID _____ DOB _____ State issued _____ Expiration Date _____

Name of Spouse/Significant Other _____ Occupation _____

Names (and ages) of children, if any _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____ How did you hear about us _____

Do you live in a House _____ Apartment _____ Condominium _____ Town House _____ Other _____

Do you Own _____ Rent _____ If you rent, do you have your landlord's permission to have a pet? Yes _____ No _____

Landlord's Name and Phone Number _____

Have you ever applied to adopt from us? Yes _____ No _____ Did you get a pet from us? Yes _____ No _____ If yes, what year _____

I need my new pet to get along with: _____ Toddlers _____ Other (Describe) _____

_____ Children under 8 years _____ Children over 8 _____ Elderly individuals _____ Dogs _____ Cats _____ Other animals

Ages of additional children the cat may be exposed to _____

Does anyone in your household have allergies: Yes _____ No _____ What kind? _____

Is this your first experience caring for a cat? Yes _____ No _____

What animals have you owned in the past five years? (Previous as well as current)

Animal's Name	Cat or Dog & Breed	Age / Sex	Spayed/ Neutered (Y/N)	Owned how long?	Still own? (if not, please explain)

List any other animals that reside in your home: including their name, species, age/sex, spayed/neutered, name of record owner(s) and the veterinarian of record. _____

How long do you expect it to take your new pet to adjust to you and your home? _____

Where will your cat stay when you are not home? _____

How often will your cat go outside unsupervised? _____

What will you do if your cat begins clawing furniture?

What will you do with your cat if you have to move?

What is your plan if you are suddenly unable to care for him/her due to unforeseen circumstances?

In what circumstance would you consider giving up a pet?

Will you be able to live with hair on your furniture, stains on your rugs, a warm body on your bed, and an animal that might be destructive at time? Yes _____ No _____

Remember, pets are an investment of your time and money. Can you afford to provide medical care, grooming, proper diet, proper shelter and exercise for your new pet? Yes _____ No _____

What do you expect to spend on average for food, treats, grooming, litter, toys and veterinary care for your cat per year? _____

Have you considered, and are able to assume, the financial responsibility of veterinary care and providing ongoing food/shelter/grooming for this animal? Yes _____ No _____

Are you able to make a long-term commitment to care for your pet for its entire life span, which could be as much as 10-20 years? Yes _____ No _____

References

What is the name of your Veterinary Office? _____ Phone: _____

Address _____ Particular veterinarian? _____

If the pet is not listed under your name, please provide name on record _____

Please provide the names of two people that we may contact as a personal reference. These references should not reside with you. References may NOT be family members.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

I/we do hereby acknowledge that any false or knowingly omitted statements on this form may constitute rejection of this application. I give my veterinarian permission to release any vet care records and information about my current and past pets to the Eleanor Sonsini Animal Shelter. I also give the Eleanor Sonsini Animal Shelter permission to maintain contact with me by a home visit and/or telephone calls and emails. I understand that this application is the property of the Eleanor Sonsini Animal Shelter and that they have the right to deny my request to adopt.

Signature _____ Printed Name _____ Date _____

Signature _____ Printed Name _____ Date _____

FOR OFFICE USE ONLY

Survey received by _____

Notes:

D _____ E _____ M _____ B _____

References: V _____ P1 _____ P2 _____ Landlord _____

Signed: _____ Date _____