

Animal Care League Cat Adoption Questionnaire

Your name: _____ Today's Date _____

Address: _____

City/ State/ Zip _____

How would you like to be contacted following adoption? Phone Email

Phone: _____ Alt Phone: _____

Email Address: _____

Your Occupation: _____ Student? Yes No

Please indicate your age group: under 16 17-20 21-40 41- 59 60 or over

Where did you hear of the ACL: Newspaper Website Friend ACL Offsite Table Other _____

I'm interested in adopting:

- | | |
|---|--|
| <input type="checkbox"/> Kitten (2 to 6 months) | <input type="checkbox"/> Male |
| <input type="checkbox"/> Young Cat (6 to 12 months) | <input type="checkbox"/> Female |
| <input type="checkbox"/> Adult Cat (1 to 7 years) | <input type="checkbox"/> Don't know / Don't care |
| <input type="checkbox"/> Older Cat (over 7 years) | <input type="checkbox"/> Declawed – if so: <input type="checkbox"/> 2 paw <input type="checkbox"/> 4 paw |

Do you plan to declaw your new cat?

- Yes No Not sure

Why I want a pet: (please check all that apply)

- Companionship for myself or my children To love and care for
 Company for my other pet(s) Gift

Housing Information:

Do you live in a:

- House
 Condo
 Apartment

Do you:

- Live with Parents
 Own
 Rent -Landlord name and Number:

Number of Adults in your home: _____ Number/Ages of Children: _____

Does anyone in your home suffer from allergies? Yes No If yes, who and to what?

How many hours per day, on average, will your cat be alone? _____

Current Pet Information

Do you currently have a cat or dog? Yes No If yes, please list below:

Breed or Description	Gender	Altered	Age	Last Vet Visit	If cat, Declawed?
<input type="checkbox"/> Dog <input type="checkbox"/> Cat _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Dog <input type="checkbox"/> Cat _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Dog <input type="checkbox"/> Cat _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Veterinarian: _____ Phone: _____

If cats are listed above, are they: Indoor Indoor/Outdoor Outdoor

For Office Use Only

Adoption Status:

- Approved
 Conditional Approval
Reason(s):
 Denied: Comments:

Emergency Contact:

Name: _____

Phone: _____

Landlord Approval

Pet's

Name: _____

ACL #: _____

Staff Approval:

Past Pet History

Have you ever adopted a pet from a Shelter or Humane Society in the past? Yes No

Have you ever released an animal to a Shelter or Humane Society in the past? Yes No

Please list other pets you have had as an adult:

Breed or Description	Gender	Altered	Length of ownership	Where is he/she now?
<input type="checkbox"/> Dog <input type="checkbox"/> Cat _____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____
<input type="checkbox"/> Dog <input type="checkbox"/> Cat _____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____
<input type="checkbox"/> Dog <input type="checkbox"/> Cat _____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____
<input type="checkbox"/> Dog <input type="checkbox"/> Cat _____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____

Cat Match Query

I would consider my household to be like A library Middle of A carnival the road

I want my cat to be active and playful Not important Somewhat Very important

I want my cat to be suitable with children in my home Not important Somewhat Very important

When I am home, I want my cat to be by my side or in my lap Often Some of the time Little of the time

I need my cat to get along with (check all that apply) Dogs Cats Other _____

My cat needs to be able to be alone more than 9 hrs./day Yes No

I have lived with cats before No Yes Currently

As you go through the adoption process, please remember that you are making a 10 to 20 year commitment to your pet.

By signing below, I certify that the information provided on this application is true and I recognize that any misrepresentations of facts may result in losing adoption privileges. I authorize investigation of all statements in the application and understand that veterinarians, landlords, other humane agencies, etc. may be contacted. I further understand that the adoption of an animal may be delayed until this information can be verified. If, at any time, representatives from the Animal Care League and/or local authorities determine the adopted animal is being abused, or neglected, this adoption is void and ownership will revert back to the ACL.

Signature _____

Date _____