



Maverick Cat Coalition

Box 72051, Old Orchard P.O.
Burnaby, BC
V5H 4P9

CAT/KITTEN ADOPTION QUESTIONNAIRE

Date _____

Name _____

Cat's Information:

Spouse/Roommate _____

Name _____

Address _____

Description _____

City _____ Postal Code _____

Sex: M (neutered) F (spayed)

Home phone _____ Work phone _____

Tattoo _____

Occupation _____

1) Do you live in a _____ house _____ condo _____ apartment _____ mobile home _____ other (please explain)

2) How long have you lived there?

3) Do you rent? _____ yes _____ no

4) If "yes", do you have the landlord's permission to have a cat there? _____ yes _____ no

5) May we contact your landlord? _____ yes _____ no. Landlord's phone # _____

6) Are there screens on all doors and windows you open for ventilation? _____

7) Would you object to an inspection of your premises? _____ yes _____ no

8) Where will the cat be kept? _____ indoors _____ outdoors _____ both _____ other (please explain) _____

9) How many hours a day will the cat be left alone? _____ Where will the cat be kept during this time?

10) Do you plan to keep an I.D. tag on this cat? _____ yes _____ no

11) Is anyone in your household allergic to animals? _____ yes _____ no

12) What other animals do you currently own? _____ # of dogs _____ # of cats _____

Other (please list type, breed, sex and ages of all pets) _____

Are they spayed or neutered? _____ yes _____ no

13) Name of veterinarian _____

14) How many children are living in your home? _____ Please list their ages _____

15) On the first night home, where will the cat stay? (please be specific) _____

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16) Who will be responsible for this cat?

17) Have you owned a cat before? _____ yes _____ no. If yes, what happened to the cat? _____

If deceased, please include cause of death and how long ago _____

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18) Cats have been known to claw furniture, carpet and drapes, dig in potted plants, etc. How do you intend to handle these potential problems? _____

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19) Healthy cats need routine veterinary care (i.e., teeth cleaning, annual checkup, etc.). What would you estimate the costs to be?

20) If this cat were to become sick or injured, would you be willing and able to provide adequate veterinary care?

_____ yes _____ no

21) How soon after the cat arrives home will it be left alone? _____

22) How often do you leave town? _____

23) How will you plan to care for your cat while you are away? _____

24) What will happen to the cat if you move?

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25) Do you know that the life expectancy of a cat may be 15 or 20 years? Are you willing to take responsibility for your cat's entire life? _____ yes _____ no

26) Under what circumstances would you not keep this cat? _____ divorce _____ move _____ new baby _____ new job _____ illness _____ other (please explain)

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27) Why do you want a cat? Number those that apply in order of importance; 1 = most important, 5 = least important for children _____; companion for self _____; for spouse _____; mouser _____; as a gift _____; for other pet _____; other (please explain) _____

28) What made you choose this particular cat? _____

29) How did you hear about this cat? _____

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I certify that the above is true, and that any false information may result in nullifying the adoption.

Adopter's Signature _____ Date

Screeener _____ Date
