

East Haven Animal Shelter

Adoption Questionnaire – Feline



Please complete all sections of this adoption application completely. Failure to do so may disqualify you from adopting a cat. Please return the application to the foster person of the animal you are interested in adopting. For faster response we suggest you reply via e mail.

Name & ID Number of Cat:					
How did you find out about this cat?					
Name:					
Street:					
City:		ST:		ZIP:	
Home Phone:		Hours:			
Work Phone:		Hours:			
Cell Phone:		Hours:			
Do you own or rent?					
<input type="checkbox"/> Own <i>(Attach proof of ownership such as current property tax bill or homeowner's insurance rider.)</i>					
<input type="checkbox"/> Rent <i>(Attach written permission from your landlord stating that you are allowed to keep a cat and a signed copy of your lease.)</i>					
Current Veterinarian <i>(Note: if you do not currently have a veterinarian, list the name of the vet you previously used)</i>					
Phone:			Address:		
Reference Name:				Phone:	
Address:					
Your experience with companion animals					
What kind of animals have you owned as an adult?					
Were they spayed/neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No					
On Heartworm preventative? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you have any other pets at home now? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please list:					
How will your current pets respond to an addition to the family?					
Have you ever introduced a new pet into your household? <input type="checkbox"/> Yes <input type="checkbox"/> No					

If you owned a pet in the past, what did you like most about pet ownership?	
What did you like least about pet ownership?	
Have you had pets in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what type(s) did you have?	
How many years did you own the pet(s)?	
Reason for no longer owning the pet(s):	
Under what circumstances would you justify giving up your pets?	
If you gave up a pet, how did you place these pets?	
Have you ever lost a pet to: <input type="checkbox"/> poisoning <input type="checkbox"/> shooting <input type="checkbox"/> hit by car	
If this is your first pet, what do you estimate the annual cost for care?	
Caring for your cat:	
Who will be the primary caregiver for this cat?	
What is your work schedule?	
How much company will your pet have during the day?	
Will your cat live inside or outside?	
How many people live in your house?	
No. of Adults: _____ No. of Children: _____ Do you have children under 12? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is everyone in your home in agreement with adopting this pet? <input type="checkbox"/> Yes <input type="checkbox"/> No	
My signature indicates that I am over 21 years of age and intend to be the legal owner and person responsible for the care and well being of any pet I adopt. Submission of this application permits the shelter to contact my veterinarian, personal references and the animal control officer in my town.	
Your Signature:	
Printed Name:	Date: