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|  | **New Nodaway Humane Society**829 South Depot St. | P.O. Box 185 | Maryville, MO 64468660.562.3333 | newnodawayhumanesociety@gmail.comhttps://www.newnodawayhumanesociety.org |

**CAT ADOPTION QUESTIONNAIRE**

It is our policy to make certain that each person who adopts a cat is aware of the responsibilities of owning a pet. By completing this questionnaire, you will aid us in determining if you and your family are ready for these responsibilities.

Cat(s) of Interest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Information:**

Adopter’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/ZIP Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you rent or own? [ ] Rent [ ] Own

If you rent, provide your landlord’s name, address and phone number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If you rent – Do you have permission to get a cat? [ ] Yes [ ] No

 Are you aware of a pet deposit or fee? [ ] Yes [ ] No

**General Questions:**

When and why did you decide to get a cat? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What are you looking for in a cat?

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Who will care for your cat when you are out of town (vacation, etc.)?

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If the cat has issues using the litter box, what is your plan?

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Under what condition(s) would you have to give up your cat?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If the cat becomes ill or injured, are you financially prepared to pay for medical care? [ ] Yes [ ] No

What is the maximum amount you would spend on vet care for your cat? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you willing to cooperate with follow-up phone calls? [ ] Yes [ ] No

Additional comments/concerns:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Current and Previous Pet Information:**

Please provide the following information about your current pets.

|  |  |  |  |
| --- | --- | --- | --- |
| **Animal’s Name** | **Type/Breed** | **Age** | **Spayed/Neutered?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

If applicable, please provide the following information about the pets that are no longer with you.

|  |  |  |
| --- | --- | --- |
| **Animal’s Name** | **Type/Breed** | **Reason?** |
|  |  |  |
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**Vet Information:**

Current Vet Clinic Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterinarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agreement for Adoption:**

[ ] I am prepared to make a lifetime commitment to my cat. A cat’s average lifespan is 13-17 years.

[ ] I will work with my vet and agree on a regular schedule for wellness visits and any other testing
 my cat will need.

[ ] I am financially able to provide routine and emergency care for my cat. This includes but is not
 limited to food, boarding and regular vet care.

[ ] If for any reason, I am unable or unwilling to keep this cat, I will agree to return the pet and/or
 work with the New Nodaway Humane Society in re-homing the animal.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**Staff Use Only**

Match living situation? [ ] Yes [ ] No

Landlord approval? [ ] Yes [ ] No [ ] N/A Owns

Vet Reference? [ ] Yes [ ] No

Adoption Status? [ ] Yes [ ] No

 By Staff Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_