

New Nodaway Humane Society

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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:	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 pho	ne 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?						
What are you looking for in a cat?						

If the cat has issues using the litter box, what is your plan? Under what condition(s) would you have to give up your cat? If the cat becomes ill or injured, are you financially prepared to pay for medical care? []Yes [] 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: 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?	Who will care for your cat when you are out of town (vacation, etc.)?					
If the cat becomes ill or injured, are you financially prepared to pay for medical care? [] Yes [] 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: 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.	If the cat has issues using	the litter box, what is your pla	n?			
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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.	What is the maximum am	ount you would spend on vet on the count you would spend on vet on the country of	care for your cat?			
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				Spayed/Neutered?		
Animal's Name Type/Breed Reason?			bout the pets that are			
	Animal's Name	Type/Breed		Reason?		

Vet Information:				
Current Vet Clinic Name:				
Veterinarian:				
Street Address:				
City/State/Zip Code:				-
Phone Number:				-
Agreement for Adopti	on:			
[] I am prepared to make a	a lifetime co	mmitmer	it to my ca	at. A cat's average lifespan is 13-17 years.
[] I will work with my vet a my cat will need.	ind agree or	n a regulai	schedule	for wellness visits and any other testing
[] I am financially able to plimited to food, boarding				care for my cat. This includes but is not
[] If for any reason, I am u work with the New Nod		•	•	cat, I will agree to return the pet and/or ming the animal.
Print Name:				
Signature:				Date:
		Staff	Use On	nly
Match living situation?	[] Yes	[] No		
Landlord approval?	[] Yes	[] No	[] N/A	Owns
Vet Reference?	[] Yes	[] No		
Adoption Status?	[] Yes	[] No		
By Staff Member:				

Reason: