Charles Smithgall Humane Society Adoption Center

Email completed PAQ to smithgallhumanesociety@windstream.net

CAT PRE-ADOPTION QUESTIONNAIRE

(use backside to add any info that cannot fit on the front)

NAME	DATE
	STATEZIP
HOME PHONE	WORK PHONE
CELL PHONE	EMAIL
1. Are you 18 or older?	Yes No Do you live with your parents? Yes No
2. How long have you li	ved at the above address?
3. Do you own r	ent ? Is this a house apartment other(explain)
a. If you rent, does y	our lease allow pets? Yes No
b. What is your land	lord's name and phone number?
4. Will your new cat live	inside outside both
5. May we do a home vis	sit of the living arrangements for your new cat? Yes No
6. Do you have pets at p	oresent? # of Dogs # of Cats # and types of other pets
a. Are they spayed /	neutered? Yes No If not, why?
b. Do they live inside	outside c. Are their vaccines up to date? YesNoIf not, why?
d. Who is your veteri	narian? Phone #
7. Under what circumsta	ances would you no longer be willing/able to care for this new cat?
8. What is your plan of	care for your new cat when you are away from home for vacations/extended periods?
9. What will happen with	n this new cat if you move?
10. Do you have a regul	ar source of income? Yes No
11. How much can you a	afford for routine annual medical costs for your new cat?For emergencies?
12. Have you ever lost a	pet or turned one in to an animal shelter? What were the circumstances?
13. Does anyone living	in your home have asthma or cat allergies? NoYesExplain
14. List the people who l	ive in your home (adults, children and ages of children):

This is NOT an application to adopt. It is a questionnaire to assist in our evaluation of potential adopters and their environment. Finding the best fit for our residents is our priority. Completing this form is not a guarantee of adoption nor does it imply that this questionnaire is receiving sole consideration for a specific resident. It must be completed before being offered an application to adopt.