

# CAT ADOPTION QUESTIONNAIRE



2061 15<sup>th</sup> Avenue West  
Seattle, WA 98119  
206-386-7387

[www.seattleanimalshelter.org](http://www.seattleanimalshelter.org)

**Please bring this completed form when visiting the shelter or Fabulous Felines events**

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

**Thank you for considering adopting an orphan from our shelter. You will be making a 10-20 year commitment to the cat you adopt and our goal is to help make the best match possible for you and the orphaned cat you are interested in. The following questions will help us achieve that goal.**

1) Do you currently live in a House Apartment Condo Other \_\_\_\_\_

2) Do you currently Rent Own Lease the residence where you live?

3) How long have you lived at your current residence? \_\_\_\_\_

**If not property owner, Seattle Animal Shelter has my permission to verify current pet policy**

Landlord's Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

4) How many adults live in your home? \_\_\_\_\_

5) How many children? \_\_\_\_\_ Ages \_\_\_\_\_

6) Does anyone in your household have allergies? Yes No

7) Who will be primarily responsible for the care of this cat? \_\_\_\_\_

8) Is this cat a gift? Yes No If yes, for whom? \_\_\_\_\_

9) Which of the following best describes your reasons for wanting this cat? (Check all that apply)

Companion To Breed For kids Mouser

Companion for pet

Other \_\_\_\_\_

10) What attracts you to the cat you are interested in? \_\_\_\_\_

11) Will this cat be: Indoor only Outdoor only Indoor & Outdoor

12) Where will the cat be kept when no one is home? \_\_\_\_\_

**Please fill out the back side of form →**

Where will the cat be kept at night? \_\_\_\_\_

13) Do you plan to have the cat declawed?  Yes  No

14) If yes, why? \_\_\_\_\_

15) Have you had pets in the past (as an adult)?  Yes  No

16) **Please list all of the pets you have had in the last 10 years including current pets, and those you no longer own**

Species	Breed	Age	Sex	Altered	Owned how long?	What happened to him or her?
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		

17) If you have other pets, are their vaccinations current?  Yes  No

18) If you have other pets, are they currently licensed?  Yes  No

19) Do you have a regular veterinarian?  Yes  No Name \_\_\_\_\_

20) Under what circumstances would you **not** keep this cat? \_\_\_\_\_

21) How much money do you expect to spend per year caring for this cat (vet care, tags, food, supplies, toys)  
\$ \_\_\_\_\_

22) Please check the topics you would like our staff to discuss with you today

Indoors vs. outdoors

Litterbox issues

Declawing

Introduction to other pets

Scratching furniture

Cats with kids

Nail trimming

Grooming

**I certify that the above information is true and correct to the best of my knowledge. I also acknowledge falsification of the above can result in my being denied adoption of an animal or, if an animal has been adopted to me, the return of that animal to Seattle Animal Shelter. I understand that all animals adopted from Seattle Animal Shelter must successfully pass a health and temperament screening and must be spayed or neutered before they are released from the shelter.**

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

Case Number \_\_\_\_\_ Reviewed by \_\_\_\_\_ Date \_\_\_\_\_