



Cat Adoption Questionnaire

Date: _____ Interviewer: _____

AWS animal ID #: _____ AWS Animal Name: _____

Senior Adoption - Are you 60 years or older Yes ___ No ___

Military Adoption - Are you Active Duty or Retired Military Yes ___ No ___

Applicants Name: _____

Name of spouse or roommates: _____

Number of people in home: ADULTS: _____ CHILDREN: _____ Ages of children: _____

Applicant Occupation: _____ Spouse/Partner/Roommate _____

Mailing address: _____ City: _____ ST: ___ Zip: _____

Street address: _____ City: _____ ST: ___ Zip: _____

Telephone: Home: (____) _____ Work: (____) _____ Cell: (____) _____

Email address [Please Print]: _____

Type of dwelling: House [] Apt. [] Trailer [] Condo []

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

If you rent—Landlord Name _____ Phone #: () _____

How long have you lived at this space? years _____ months _____

Do you plan to declaw? No [] Yes [] Why? _____

Are you looking for an indoor [] outdoor [] or an indoor/outdoor [] cat?

Primary reason for adopting this cat/kitten? _____

Is anyone in the house allergic to animals? Yes [] No []

Do you have any other pets? If so, number of dogs _____ Ages _____ / cats _____ Ages _____

Other [Please explain] _____

Have you ever adopted from a shelter before? Yes [] No []

Which shelter did you adopt from? _____

Have you ever surrendered an animal to a shelter before? Yes [] No []

If yes, why? _____

ANIMALS ARE AS INDIVIDUAL AS PEOPLE. ARE YOU WILLING TO SPEND THE TIME AND EFFORT NECESSARY HELPING THIS PET ADJUST TO YOUR HOME AND LIFESTYLE? YES _____ NO _____

HOW MUCH TIME? _____

Under what circumstances would you return this cat to us? _____

If the cat became destructive, what would you do? _____

AWS staff may conduct a home visit of your premises? Yes [] No [] **no answer may disqualify the applicant**

Name of your current veterinarian/clinic: _____

Veterinarian phone number: (____) _____

How did you learn about us? _____

I UNDERSTAND THAT DECISIONS RELATED TO PLACING AN ANIMAL ARE AT THE SOLE DISCRETION OF THE ANIMAL WELFARE SOCIETY OF JEFFERSON COUNTY (AWS). AWS RESERVES THE RIGHT TO REFUSE AN ADOPTION SHOULD WE BELIEVE A PLACEMENT IS NOT IN THE BEST INTEREST OF THE ANIMAL OR POTENTIAL ADOPTIVE FAMILY. I CERTIFY THAT THE INFORMATION LISTED ABOVE IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND YOU MUST BE 21 TO ADOPT FOR AWS. I ALSO UNDERSTAND AWS WILL COMPLETE A HOUSE VISIT/INSPECTION PRIOR TO ANY ADOPTION PLACEMENT DECISION. THE HOME VISIT FUNDAMENTALLY ENSURES THE ENVIRONMENT IS SAFE FOR THE ANIMAL WITH NO OBVIOUS HAZARDS.

Signature _____

Drivers License # _____ State _____

Comments: _____
