

KRAZY FOR KATS, INC.

ADOPTION QUESTIONNAIRE

Driver's License will be requested. Must be 21 years old to adopt. Incomplete forms will not be accepted.

Full Name: _____ Age: _____ Occupation: _____

Spouse/Partner: _____ Children/Age: _____

Address/City/Zip: _____ Email Address: _____

Home phone: _____ Cell phone: _____ Work phone: _____

List any additional people in the household: _____

What cat/kitten(s) are you looking to adopt from Krazy For Kats? _____

Are you willing to have KFK visit your home before and after adoption? Yes No Not sure

Is this your first pet? Yes No

Have you had cats before? Yes No

When was the last time? _____

Why are you looking to adopt a cat now? (check all that apply)

- Companion for you/spouse Companion for children Companion for pet
 Replace lost/deceased cat Gift for someone Other (please explain) _____

Who will be responsible for the cat's care (feeding, cleaning litter box, taking to vet)? _____

Does anyone in your household have allergies or asthma? Yes No

Does anyone smoke in the household and if so where? Yes No Where _____

Are you prepared to care for this cat for 15-20 years or more? Yes No Not sure

What amount of time do you think is reasonable for your cat to adjust to your home and other pets?

- A few days 1 to 2 weeks up to 1 month no time limit Not sure

What type of home do you have: House Condo Apartment Mobile Home Live with Parents
 Other living arrangement? _____

How long have you lived at this address? _____

If renting, do you have permission to have a cat in your home? Yes No Not sure

Landlord's name and phone number: _____

If you live in a condo, what are the association's rules about keeping pets? _____

Do you have plans to move to a new location in the near future? Yes No Not sure

If moving, where are you moving to and do they take pets? _____

Do you have other pets? Dogs Cats Birds Fish Mice/Hamster/Guinea Pig Other

Please list all current pets(s) and age: _____

Where did they come from? _____

Please list any pets you previously owned: _____

What happened to the pets you previously owned? _____

If you own/previously owned cats, were any of them de-clawed? Yes No

Do you plan to de-claw your new cat or kitten? Yes No If so, why? _____

What Veterinarian have you used for current or previous pets? Yes No

Vet's Name, City and Phone # _____

If you have a current cat or dog, how often does your pet visit the veterinarian?

- every 3 years once a year every 6 months only when needed Other _____

When was the last visit and for what services? _____

If you have other dogs or cats, are they spayed/neutered? Yes No

If you have cats, are their vaccinations current? Yes No

Have they been tested for (FeLV/FIV) Yes No

Are you prepared to cover vet expenses your pet may incur throughout its life? Yes No Not sure

Is there a limit to how much you would spend on a major medical expense? Yes No Not sure no limit
Amount? \$100 - \$300 \$300 - \$500 \$500 - \$1000 \$1000 - \$2500 \$2500 - \$5000

What brand of food do you feed your pets? Dry Food: _____ Can Food _____

How often do you/did you feed your pets? once/day twice/day free feed dry food in bowl all day
Will you be willing to using the proper pet food for your new cat/kitten? Yes No Not sure

Will your new cat be an indoor or outdoor pet? Indoors Outdoors Both Not sure

If both, how long your will your cat be outdoors? Less than 2 hours ½ day all day Whenever they want

When will cat be allowed outside: Anytime Daytime only Under supervision On balcony/patio only
 When on a leash Only going to vet Only when the cat is older Only if I move to a house or other location

How many hours of the day will your cat be left alone when you are away for work?

Less than 2 hrs 2 – 4 hrs 4 – 6 hrs 6 – 8 hrs 8hrs-10 hrs more than 1 day

Where will cat be left when alone? Indoors Outdoors Bathroom Bedroom Garage Patio
 Other _____

If you work out of town what will do with your cat? _____

What areas of your home will your cat NOT be allowed? _____

Where will you keep the litter box? Bathroom Garage Bedroom Patio Kitchen Other

Where will your cat sleep at night? Cat Bed Garage My Bedroom Anywhere they want Other

Do you have any of the following? Patio Balcony Pet Door Back Yard Front Yard

Live on 1st Floor Unscreened windows Unscreened doors Other means of outdoor access for a cat

Have any of your cats caused any of the following problems? (check any that apply)

Scratching furniture/carpet/drapes Scratching people Fleas High vet bills Litter box problems
 Fighting with other pets Excessive shedding Running away Other ____

What will you do if your cat claws the drapes or furniture? _____

What is a behavior that would NOT be acceptable to you? _____

What will you do with your new cat:

If you move to a new home that does not allow pets? _____

If you get married (if you're single)? _____

If you travel? _____

If you moved locally? _____

Out of state? _____

Under what circumstances would you not be able to keep your adopted cat? (Please check all that apply.)

Pregnancy/Baby Divorce/Separation Spouse/child is allergic Needs too much attention
 Job change/loss New house/apartment Behavioral problems Expensive vet bills
 Needs special diet Sprays/pees outside of box Conflict with pets Cat becomes disabled
 Scratches furniture Meows too much Requires daily medical treatment
 Other _____

If you have to give up your cat for other reasons what will you do? _____

THIS QUESTIONNAIRE BECOMES PART OF THE ADOPTION CONTRACT.

*I certify that all the above information is true and accurate. This information will be checked prior to adoption by a representative.
I understand that if I adopt a cat from Krazy For Kats, Inc. this document will become part of the legal adoption record.*

SIGNATURE: _____ DATE: _____