

ABOUT YOUR HOUSEHOLD

1. Your name _____
2. Phone Number _____
3. Are you over 25? Yes No
4. Occupation(s): _____

5. Other source(s) of income: _____

6. How many hours do you spend away from home? _____
7. How many family members? _____
8. How many roommates? _____
9. Number of children in the household _____
Please list ages: _____
10. Have all household members agreed to getting a new cat?
 Yes No
11. Are you or is anyone in your household prone to allergies?
 Yes No
12. If someone in your household, or a frequent visitor, became allergic to the cat, what would you do? _____

ABOUT YOUR RESIDENCE

13. Do you own your residence? Yes No
14. If you rent, who is your landlord? _____

Landlord phone: _____
15. Does your landlord or condo association allow cats?
 Yes No
16. What kind of pet desposit was required? _____
17. Do you expect to move in the next few months?
 Yes No
19. Describe your residence:
 Yard Balcony Patio/deck Cat/Dog door
19. Do you live near a heavily trafficked street? Yes No
20. Will your new cat live indoors, outdoors or go in and out?
 Indoors Outdoors In and Out
21. Are there any owls, snakes, coyotes or wild dogs in your area? Yes No
22. Where will you keep the food dishes? _____

23. Where will you keep the kitty litter? _____

ANIMAL CARE

24. Who will be primarily responsible for the cat (food, water, cleanup, training, vet trips, etc.)? _____

25. If you go away for a weekend or longer, what will you do with the cat? _____

26. For couples, who will take the cat if the relationship terminates? _____
27. What are your expectations of this kitty?
 companion for yourself for children
 for current animal
 Gift for: _____
 Educational experience for child(ren)
 for mouser
28. What will you do if kitty scratches the furniture? _____

29. Can you provide long-term adoptive care (cats live 15 to 20 years)? Yes No
30. If you could no longer provide care for the cat (due to illness, incapacitation, etc.), what is your plan for the animal? _____

31. Are you aware of the cost of feeding a cat? Yes No
32. What brand of food do you feed your cat/dog? _____

33. Are you aware of veterinary costs? Yes No
34. Will you provide yearly vaccinations and all other necessary medical treatment at your own expense? Yes No
35. What would you do if your new kitty became ill next week?

COMPANION ANIMAL HISTORY

36. Have you ever had a companion animal before?
 Yes No
37. If so, what type? _____
38. What happened to him or her? _____

39. Do you have animals now? Yes No
40. What type? _____
41. Do you currently have a veterinarian? Yes No
42. Who is your vet? _____
43. Will you have your cat spayed or neutered? Yes No
44. Do you object to being contacted by S-A-L in the future?
 Yes No

I certify that the above is true and that any false information may result in nullifying the adoption:

SIGNATURE _____ DATE _____ APPROVED BY _____