



GEORGINA

Georgina Animal Control Cat Adoption Questionnaire

Date: _____

File #: _____

Name: _____

Address: _____

Phone #: _____

Have you owned a cat before: Yes No

If so, how many: _____

What happened to them? _____

What were some your challenges with them? _____

How did you handle the challenges? _____

Where do you live currently? Detached Semi-Detached

Townhouse Apartment

Are you the owner of the dwelling? Yes No

If you are renting, are you allowed a cat in your residence? Yes No

Does your landlord know you are looking to adopt a cat at this time? Yes No

Do you give us permission to contact your landlord? Yes No

What is your landlord's name and number? _____

Do you have children? Yes No

If yes, what are their ages? _____

Have they lived with cats before? Yes No

Do they have a fear of cats? Yes No

Have they met the cat you're interested in? Yes No

If no, do you plan on having children in the future? Yes No

Is this a near future choice? Yes No

Is there any other family members/friends residing in your residence? Yes No

Have they agreed to having a cat in the residence? Yes No

Have they met the cat in question? Yes No

Does anyone in the residence have allergies to cats? Yes No

Is this cat going to be an indoor or outdoor cat? Indoor Outdoor

If allowed out, how will the cat be contained in your yard? _____

Is there a cat by-law where you live? Yes No

If the cat is not litter-trained, what will you do? _____

Are you prepared for common problems such as scratching, spraying, moodiness etc? Yes No

If the cat exhibits aggressive, or fearful behaviour, what will you do? _____

What are you looking for in a cat? _____

What are you NOT looking for in a cat? _____

Do you have any other pets in your residence? Yes No

If so, what do you have? _____

Are they spayed/neutered? Yes No

Do they get along with cats? Yes No

Are you planning on getting any more pets? Yes No

What veterinary clinic do you use? _____

How long have you been a client there? _____

Can you give some examples of different reasons you have or would go to the vet clinic?

What are some typical expenses you will have at the veterinary clinic every year?

How do you prevent ticks and fleas? _____

Who will be grooming and trimming the cat's nails? _____

Have any of your past or present pets had any medical issues you needed veterinary help for?

Can we contact your veterinarian for a reference? Yes No

Do you go away often? Yes No

What will you do with your cat when you do go away? _____

Are you able to commit to this cat for the rest of its life? Yes No

If someone in your family/household develops an allergy to this cat, what will you do? _____

If for health reasons, you can no longer care for the cat, what will you do? _____

Have you considered the cost of caring for this cat the rest of its life? Yes No

Will this cat fit into your family's/household's lifestyle? Yes No

Are you in the understanding that the cat in question may not have a known history, meaning, behaviour and health problems may come up in the future? Yes No

Where did you hear about us? _____

References _____

Staff Comments _____
