

**Office Use Only**

Good Match? \_\_\_\_\_

Not a Good Match \_\_\_\_\_

Landlord Approval? \_\_\_\_\_

(initial above when checked)



**Note:** All adoptions are first come (first to turn this form in, with landlord approval, and matchmaking assessment) first served. A deposit is required to put a pet on "hold". Please fax form to: 406/222-8752 or email to staffordshelter@imt.net. We'll contact you during our business hours, Tuesday – Saturday 11 am to 5 pm. We hope to send your new best friend home with you soon!

# STAFFORD ANIMAL SHELTER



## FELINE ADOPTION QUESTIONNAIRE

**CAT'S NAME:** \_\_\_\_\_

### APPLICANT INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

How long at this address? \_\_\_\_\_ Any plans to move? \_\_\_\_\_

Number of people in household \_\_\_\_\_ Does anyone in household have allergies \_\_\_\_\_

Number of children, if any, and their ages \_\_\_\_\_

Are all household members aware of and agree to this adoption? \_\_\_\_\_

Are you presently employed? \_\_\_\_\_ Full time \_\_\_\_\_ Part Time \_\_\_\_\_ Work at home \_\_\_\_\_

Student \_\_\_\_\_ Retired \_\_\_\_\_ Unemployed \_\_\_\_\_

Name of Employer \_\_\_\_\_

### GENERAL INFORMATION

Type of Residence: House \_\_\_ Apartment \_\_\_ Condo \_\_\_ Mobile Home \_\_\_ Other (describe) \_\_\_\_\_

Do you own? \_\_\_\_\_ Do you rent? \_\_\_\_\_ If you live in a mobile home do you rent the property? \_\_\_\_\_

Landlord's or Manager's name and phone number \_\_\_\_\_

Housing location: City limits \_\_\_ County limits \_\_\_ On busy road \_\_\_ Slight traffic \_\_\_ County road \_\_\_\_\_  
 Residential area \_\_\_\_\_ Rural or Ranch area \_\_\_\_\_ Other \_\_\_\_\_

Will cat be kept indoors at all times? \_\_\_\_\_ outdoors at all times \_\_\_\_\_ both indoors and outdoors \_\_\_\_\_

Do you plan on declawing this cat? \_\_\_\_\_ If yes, are you aware of what this entails? Yes \_\_\_ No \_\_\_

Have you owned a cat before? \_\_\_\_\_

Describe the activity level in your house:

Busy? (visits by friends, meetings, children, parties) \_\_\_\_\_

Noisy? ( TV, stereo, machinery, tools, children playing, dogs barking) \_\_\_\_\_

Moderate? (average comings and goings) \_\_\_\_\_

Quiet? (homebodies, few guests) \_\_\_\_\_

Other (specify) \_\_\_\_\_

What personality traits do you like in cats? Check that which apply below

Mellow \_\_\_ Lap Cat \_\_\_ Independent \_\_\_ Gentle \_\_\_ Playful \_\_\_ Affectionate \_\_\_ Quiet \_\_\_

High energy / active \_\_\_ Talkative \_\_\_ Mouser \_\_\_ Other \_\_\_\_\_

If you move, what will you do with this cat? \_\_\_\_\_

In the absence of the primary caregiver, who will care for the cat? \_\_\_\_\_

What behavior/s from this cat would cause you to return it? Please specify \_\_\_\_\_

Are you willing to take responsibility if this cat acquires an illness? \_\_\_\_\_

Are you aware of and able to pay the veterinary costs of caring for this cat? \_\_\_\_\_

How much time are you prepared to allow for your new pet to adjust to your home? \_\_\_\_\_

Are you aware that a cat is a large and lifelong commitment? \_\_\_\_\_

**PET INFORMATION**

Have you had pets in the last five years? \_\_\_\_ If yes, complete the following chart :

Name/Type of pet	Years owned	spayed/neutered	inside/outside	Where is pet now?	Comments

Who is your Veterinarian? \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_

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I understand the information I have given will be verified by the Stafford Animal Shelter. We will confirm landlord permission and call your Veterinarian. In addition we reserve the right to request a home visit before adoption. This information will be held in confidence and used only by the Stafford Animal Shelter. **The Stafford Animal Shelter requires up to 72 hours for information to be processed. You will be notified as soon as possible as to the status of your application.**

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

I certify that I am at least 18 years of age and the information provided is correct to the best of my knowledge. I understand that the Stafford Animal Shelter reserves the right to deny any application for any reason. Providing false information may result in the denial of the adoption and/or the reclamation of the adopted animal. I am fully aware that I am adopting a living creature and that the Stafford Animal Shelter is unable to guarantee the health of any animal. I understand that I may return the animal to the Stafford Animal Shelter if it has an illness diagnosed by a licensed Veterinarian within the 7 day Test Drive period. I understand that if I choose to treat the animal for any illness that develops, I do so at my expense.

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