

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 info@staffordanimalshelter.org. We'll contact you during our business hours, Tuesday – Saturday 12 pm 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 _____ Email _____

(Please provide email for Shelter Care Insurance)

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 to cats? _____

Number of children 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? _____

Are you on a Rent-to-Own plan? _____

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? _____

Have you owned a cat before? _____

What words describe the activity level of your home on an average day? Busy___ Noisy___ Active___ Quiet___

Calm___ Strangers stop by often___ Other animals come by (i.e. friends bring dogs over)___

What are you looking for in a cat? Family pet___ Mouser___ Barn cat___ Friend for resident cat_____

Other (please specify)_____

If you move, what will you do with this cat? _____

If you and your family are away, who will care for the cat? _____

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

Are you able and willing to take responsibility (financial and otherwise) if this cat acquires an illness? _____

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

Are you prepared to allow for an adjustment period to allow for the cat to get comfortable in 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	Species	Years owned	Spayed/neutered	Inside/outside	Where is pet now?

Who is your Veterinarian? _____ Phone _____

City _____



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 _____

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Notes _____
