

**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 \_\_\_\_\_

2

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? \_\_\_\_\_

3

**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 \_\_\_\_\_

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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** \_\_\_\_\_

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