



Cat Adoption Questionnaire

Name _____ Date _____

Home# _____ Cell# _____

E-mail Address _____

Address _____ Apt/unit # _____

City _____ State _____ Zip Code _____

Circle the option on each line that you feel best suits you and your home:

I consider my home to be most like:	A library (calm and quiet)	Middle of the road (sometimes quiet, sometimes a lot going on)	Grand Central Station (We have lots of people coming and going and a lot going on most of the time)
I am comfortable with a cat that likes to play, is boisterous and may get into things:	Yes	Some of the time	No
I want my cat to interact with guests that come to my home:	Little of the time	Some of the time	Most of the time
My cat needs to be able to be alone for:	Less than 4 hours a day	4-8 hours a day	More than 8 hours a day
When I am home, I want my cat to be by my side or in my lap:	Some of the time	Most of the time	All of the time
I want my cat to be active:	Not very active	Middle of the road	Very active
I want my cat to enjoy being held:	It does not matter	Some of the time	All of the time
My cat will be:	Inside only	Inside and outside	Outside

My cat needs to be good with: Dogs Cats Birds Other Animals Kids under 8
(circle all that apply)

 Kids over 8 Seniors Other: _____

It is most important to me that my cat: _____

Fill in the blank



Do you: Own Rent Sublet Other

If you rent or sublet, please list the landlord or rental agency's contact information. We cannot proceed with the adoption without this information.

Name: _____ Phone number: _____

Number of People in the Household: Adults _____ Children _____ Ages of Children _____

Names of Adults Living in the Household (18 and over):

Have you applied to adopt a pet from AAC before? Yes No If so, how long ago? _____

What kind of pet? Cat Dog Other

If you have previously adopted from us, what happened with that pet? _____

Please list all of the companion animals you have had in the last 3 years, including the ones that are still with you.						
Name	Type/Breed	Age	Neutered /Spayed	If cat, declawed?	Owned for how long?	Why is this animal no longer with you? (If applicable?)

Do you have a veterinarian? Yes No Vet Clinic Name and Phone Number: _____

Please check any topics you'd like to discuss with the pet's owner:

- Feeding your pet
- Introducing your new pet to other pets
- Where to keep your pet during the day, at night, or while at work
- Litter box training
- Challenging behaviors
- What to do if your pet is lost
- Grooming/Training
- Behavior issues
- Other: _____

I certify that all information provided is true and understand that false information may nullify this application and authorize The Austin Animal Center to verify the above information.

Applicant Signature: _____ Date: _____