



Cat Adoption Questionnaire

Thank you for your interest in adopting from ABC. We are committed to the well-being and safety of each cat. Adoption is a life long commitment, so we strive to find the best home possible, as well as match you with a cat that suits your lifestyle. You will only be contacted for a Home Visit if you are considered a match for one of our rescue cats.

- // Review our Adoption Process on our website
- // The Adoption Fee for kittens & adult cats is \$95
- // Adopters must be at least 21 years of age
- // Adopters must reside in the Phoenix Metro area

Send your completed Adoption Questionnaire to info@animalsbenefitclub.com or fax to 602.249.1218

Name _____ Email _____

Address _____ Cross Streets _____

City _____ ST _____ Zip _____

Cell _____ Home _____ Work _____

If you rent, please provide your landlord's contact info _____

List any pet restrictions _____ Number of residences in the past 5 yrs? _____

Occupation / Employer / School _____ Hours away from home? _____

What is your age group? 20 and under 21-34 35-54 55-64 65-74 75 and over

How many people live in your home? *List the relationship and age of everyone who lives with you.*

Has everyone in your home agreed to adopt? Yes No *Please explain* _____

Is anyone in your home allergic to cats? Yes No

Why are you interested in adopting a rescue cat?

What age? Kitten Young Adult Senior Preferred breeds? _____

Are you open to adopting a bonded pair? Yes No Maybe

What characteristics or personality are you looking for? *Please describe.*

How open are you to adopting a special needs cat? *For example, may require ongoing medication, has a physical deformity or handicap, isn't reliable with children or other cats, has been abused or neglected, is extremely anxious or fearful, etc. Please explain.*

What cats are you interested in? *Provide names from our website* _____

Where will your cat live? Inside only Inside / Outside _____

Where will your cat sleep? _____ Will you declaw your cat? Yes No

What will you provide for your cat's entertainment and exercise? _____

What "normal" cat behaviors are you prepared to deal with? *Chewing, scratching, marking, counter-surfing, etc.*

How would you correct this behavior? _____

What behaviors would cause you to return the cat? _____

Are you willing to pay a little extra for premium food? *Nutro Max, Wellness, Natural Choice, Zignature* Yes No

Are you willing to pay for routine wellness exams, shots, and medications as needed? Yes No

If your cat became ill or injured and needed costly medical care, what would you do?

May we speak to your current or most recent veterinarian? Yes *Please provide their name & contact info* No

How many pets do you currently have? *List species, name, and age. Spayed / neutered? Vaccinated? If not, please explain.*

How many pets have you had previously? *List species, name, and age. Please explain what happened to each of them.*

If you have a dog, do you have a dog door? Yes No _____

How often do you travel? _____ What arrangements will you make for your pets? _____

If you move, what will happen with your pets? _____

If you became ill and could no longer care for your pets, what arrangements would you make?

I HEREBY CERTIFY THE INFORMATION PROVIDED IS COMPLETE AND CORRECT.

Signature _____ Date _____

How did you hear about ABC? ABC Website / Facebook ABC Volunteer / Staff Friend / Family Pet Adoption Website

Staff comments _____