

# Cat Pre-Adoption Questionnaire

CHARLEVOIX AREA HUMANE SOCIETY  
614 Beardsley Street  
Boyne City, MI 49712  
231-582-6774


## Adoption Fees:

Our pets' adoption fees include current vaccinations excluding rabies on some, permanent microchip identification if wanted, a \$30 coupon towards getting them altered (if not currently altered) and more!  
 Adult (6 months and older) - \$45  
 Kittens (under 6 months) - \$60  
 + \$25 deposit if not currently spayed or neutered



Office Use Only	
Vet _____	LL _____
NN _____	R _____
A _____	C _____

- |                                    |                     |
|------------------------------------|---------------------|
| 1. _____                           | _____               |
| Name (Last, First, Middle Initial) | Date of Application |
- |                 |            |      |       |     |
|-----------------|------------|------|-------|-----|
| 2. _____        | Unit/Apt # | City | State | Zip |
| Present Address |            |      |       |     |
- |            |            |               |
|------------|------------|---------------|
| 3. _____   | Work Phone | Email Address |
| Home Phone |            |               |
4. I want this animal for (please circle all that apply) : Breeding For Child Gift Family Pet Companion for Pet  
 Companion for me Other (please explain) \_\_\_\_\_
5. Do you own your own home? Y N If yes, For how long? \_\_\_\_\_
6. If you rent (this includes property), please provide your landlords contact information below (your landlord will be contacted.)  

Name _____	Phone Number _____
	How long lived here: _____
7. Type of Home (please circle) Town Home Apt. Condo House Mobile Home Other \_\_\_\_\_
8. If you own a Condo, have you checked with your homeowners' association regarding their pet policy? Y N
9. How many adults are in the household? \_\_\_\_\_ Children? \_\_\_\_\_ Children's Ages: \_\_\_\_\_
10. Are you over 18? Y N Are you a student? Y N
11. Are any of the people responsible for this animal employed, if so, where? \_\_\_\_\_ 
12. Do any members of your household have allergies specific to animals? Y N Please explain \_\_\_\_\_
13. Do you already have a veterinarian? Y N If yes, please provide your Veterinarian's Practice Name and Phone number: \_\_\_\_\_
14. May we phone your veterinarian for a reference? Y N If no, please explain: \_\_\_\_\_
15. Please list your current pets residing at your home (include roommates' pets as well)  

Name	Breed/Type	Age	Sex	Spayed/Neutered	#of years owned	Indoors/Outdoors/Both
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
16. Have you owned any pets in the last five years not listed as current? Y N  
 If yes please explain: \_\_\_\_\_
17. Can your veterinarian verify vaccination history on current or past pets? Y N  
 If no please explain: \_\_\_\_\_

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18. Have you relinquished or given away any pets before? Y N  
If yes, please explain the circumstances involving giving up your pet, i.e. to whom, why and when:  
\_\_\_\_\_
19. Where will your new pet be kept when you are home? \_\_\_\_\_
20. Where would your new pet be kept when you are NOT at home? \_\_\_\_\_
21. If kept outdoors, please explain how your pet would be confined \_\_\_\_\_  
\*Examples might be a screened porch, fence (if fence please give full description of type and height of fencing)
22. Total length of time outside: \_\_\_\_\_ Type of shelter: \_\_\_\_\_ Type of shade provided: \_\_\_\_\_
23. In a 24-hour day, how long (Hours) would the pet be left alone at a given time? (Circle One)  
2-4 Hours                      4-8 Hours                      8-12 Hours                      12+ Hours
24. If adopting a kitten have you had any previous experiences? Y N  
If yes, please explain including the age of the kittens: \_\_\_\_\_
25. Would you like to discuss multi cat household issues prior to introducing your new cat/kitten into your household? Y N
26. Will this cat/kitten share a litter box? Y N If yes, how many litter boxes will be provided? \_\_\_\_\_
27. Location of each litter box? \_\_\_\_\_
28. Are you willing to add additional litter boxes if recommended? Y N If no please explain \_\_\_\_\_  
How often is it scooped? \_\_\_\_\_ Completely changed? \_\_\_\_\_ Cleaned? \_\_\_\_\_
29. The adoption of a lifelong animal friend should not be impulsive, but rather a carefully thought out decision, which will ensure a loving, lasting relationship. Remembering that you are applying for a lifetime companion, are you willing to make the investment in both time and finances (up to \$1000 annually) to care for and properly manage your new pet? Y N
30. How much time do you need to prepare for your new pet before taking it home? \_\_\_\_\_
31. Would you be willing to allow a representative to make a home visit at a mutually agreed upon time? Y N  
If no please explain: \_\_\_\_\_
32. How did you find out about Charlevoix Area Humane Society? (Please circle one below)  
T.V.    Paper    Website    Family/Friend    Radio    Yellow Pages    Mobile    Other \_\_\_\_\_



THANK YOU FOR TAKING THE TIME TO  
COMPLETE THIS APPLICATION  
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Landlord Comments:  
\_\_\_\_\_  
\_\_\_\_\_

Vet Reference Comments: \_\_\_\_\_  
\_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_