

Kitten/Cat Adoption Questionnaire

Date: _____

Name: _____ Address: _____ Phone: _____

OTHER HOUSEHOLD PETS

**Do you have other cats or are there other cats in the same household as this cat/kitten would be? _____

- If yes, how many and how old are they? _____
- What brand of food do you feed your other cat(s)? _____
- Do your other cat(s) go outdoors? _____
 - o If yes, what flea protection do you use? _____

**Do you have dogs or are there other dogs in the same household as this cat/kitten would be? _____

- If yes, how many and what flea protection do you use? _____
- How do you plan to keep this cat/kitten out of your dog's food? _____

**Are your other pets current on vaccinations and spayed/neutered? _____

**Which veterinary clinic do you currently use or plan to use with the cat/kitten? _____

**How do you plan on introducing this cat/kitten to your other pet(s)? _____

LIFESTYLES & BEHAVIOR

** Do you plan to have this cat/kitten declawed? _____

If YES:

- Do you plan to declaw the FRONT 2 or ALL 4? (please select one) _____
- What would you do if your cat/kitten started biting? _____

If NO:

- What would you do if your cat/kitten started scratching? _____
- Please briefly explain your reason for not declawing. _____

**Do you plan to let this kitten outside at all? _____

**Do you have children? _____ If YES, how many and what ages? _____

**What would you do if your kitten/cat started urinating or defecating outside the litter-box? _____

**Is everyone in your family aware of this adoption? _____

- If NO, please explain why and who we should ask to speak with regarding this adoption: _____

Please read the following statements below and sign your initials to indicate your acceptance of our clinic's policies regarding this cat/kitten adoption.

**I do hereby certify that the answers I have provided above are true and accurate. _____

**I do hereby certify that I am at least 18 years of age. Proof may be requested. _____

**I do recognize that my approval for this adoption is NOT guaranteed. _____

**I do recognize that in some instances, there may be up to a 2-day waiting period until a decision regarding my acceptance/denial is reached. _____

**I do hereby state that I have a safe and secure pet carrier, (not a box, basket, etc.) for this cat/kitten to travel in while making trips to and from the veterinarian. (This is a REQUIREMENT!) _____

Signature _____

Date _____

----- OFFICE USE ONLY -----

[Adopting kitten(s) from: _____ litter. Description(s): _____]