

**PET ADOPTION QUESTIONNAIRE  
SJCC FELINE RESCUE**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Length of time at address: \_\_\_\_\_

Do you \_\_\_ own \_\_\_ rent \_\_\_ live with parents

Housing type \_\_\_ house \_\_\_ apartment \_\_\_ condo  
\_\_\_ manufactured house

Name and number of mobile home park, condo, apt, complex, or  
landlord: \_\_\_\_\_

What are the landlord's requirements for housing  
pets? \_\_\_\_\_

\* we will need proof of requirements

1) How many others are in the household including children? \_\_\_\_\_

Is everyone in the household agreeable to this adoption? \_\_\_\_\_

2) Have you adopted from SJCC before? \_\_\_\_\_

If so when and who \_\_\_\_\_

Have you ever adopted from another shelter before? \_\_\_\_\_

If so, Name of Shelter: \_\_\_\_\_

Type of Animal: \_\_\_\_\_

Date of Adoption: \_\_\_\_\_

\*Please list at least two references-other than family or relatives

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to you \_\_\_\_\_ Relationship to you \_\_\_\_\_

3) Why do you want to adopt? \_\_\_ Companion \_\_\_ for Child  
\_\_\_ relative \_\_\_ Other (please explain) \_\_\_\_\_

4) At times we may or may not require a home inspection, would you approve a possible home  
inspection? \_\_\_ yes \_\_\_ no

5) Are you able to make a long term commitment to care for this animal for the rest of its life?  
\_\_\_ yes \_\_\_ no

6) Current Pets

Type

Name

Age/sex

fixed

in/outside

Type

Name

age/sex

fixed

in/outside

Type

Name

age/sex

fixed

in/outside

:  
:  
7) List your current veterinarian, address and phone number

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### PET CARE INFORMATION

8) Time away from home \_\_\_\_ home all day \_\_\_\_ out part time  
\_\_\_\_ away 7-10 hours daily

9) Our pets will live \_\_\_\_ inside \_\_\_\_ outside

10) Is anyone in your house allergic to pets? \_\_\_\_\_

11) Who will be primarily responsible for this pet? \_\_\_\_\_

12) In the absence of the above, who will take care of this pet (i.e. vacation, emergencies, death of caregiver)? \_\_\_\_\_

13) Do you plan to declaw this cat? \_\_\_\_\_

14) What is the one reason/issue that would make you want to return this pet to the rescue? \_\_\_\_\_

I certify that the above is true and that any false information may result in nullifying the adoption. Completion of this form does not entitle you to a cat/kitten, nor does it obligate you to adopt a cat/kitten. We must see documentation or contact your veterinarian for shot records on current pets.

\* We must see documentation or contract from your landlord for approval of pet ownership.

\*If we cannot get these approvals, we cannot release a cat/kitten to you.

Signature \_\_\_\_\_

Date \_\_\_\_\_