



# Animals Benefit Club of Arizona, Inc.

## Cat Adoption Questionnaire

Thank you for your interest in adopting from ABC. It is our responsibility to find safe, loving forever homes for all of the animals in our care. We strive to help match you with a cat who suits your lifestyle. However, ABC's adoption guidelines may deny an adoption that is deemed unsuitable for the animal. Please complete this questionnaire before visiting with a cat. ABC staff members will review your adoption application and discuss the adoption process with you. The minimum donation for a cat or kitten is \$95.

- > You must be at least 21 years old with proof of age. Current ID must show your correct address.
- > If you are living with your parents, one of them must sign the Adoption Contract.
- > Carefully read the terms of ABC's legally binding Adoption Contract.
- > You will be asked to make a non-refundable adoption donation by check, credit card, or cash.

THIS COLUMN STAFF USE ONLY

I am interested in adopting a: (circle all that apply) kitten | adult cat | just looking

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ Major cross-streets \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell / other \_\_\_\_\_

Age group (circle one): Under 21 | 21-30 | 31-50 | 51+

- 01. I want to adopt a cat because: \_\_\_\_\_
- 02. Do you work? (circle all that apply) part-time | full-time | • Number of hours away from home each day? \_\_\_\_\_
- 03. Type of work and employer: \_\_\_\_\_
- 04. Other people in your home (circle one): yes | no • # of children \_\_\_\_\_ age(s) \_\_\_\_\_ # of adults \_\_\_\_\_
- 05. Is anyone in your home allergic to animals? (circle one) yes | no • If yes, to what? \_\_\_\_\_
- 06. Do you (circle one): own home | rent • If you rent, what is the size/weight restriction for pets? \_\_\_\_\_
- 07. Have you owned cats? (circle one) yes | no • How many? \_\_\_\_\_ For how long? \_\_\_\_\_  
Were they spayed or neutered? (circle one) yes | no • If not, why?: \_\_\_\_\_
- 08. What happened to them? \_\_\_\_\_
- 09. Where did your last cat(s) sleep? \_\_\_\_\_
- 10. Do you have other animals? \_\_\_\_\_  
Are they spayed / neutered? (circle one) yes | no • If no, please explain why: \_\_\_\_\_
- 11. If you move, what will you do with your cat? \_\_\_\_\_
- 12. Where will you keep your cat? (circle one) Indise only | inside & outside | details \_\_\_\_\_
- 13. What arrangements will you make for your cat when you go on vacation? \_\_\_\_\_

- 14. Are you willing to pay a little extra to feed your cat / kitten a premium food? (circle one) yes | no  
These foods include Nutro Max, Natural Choice, Felidae, California Natural, and Nature's Recipe
- 15. Will you declaw your cat? (circle one) no | yes, 2 paws | yes, 4 paws
- 16. Cats often live longer than 18 years. If you became ill and could no longer care for your cat, what would you do with your cat? \_\_\_\_\_
- 17. Are you willing and able to pay for shots, vet exams, and all treatment as needed? (circle one) yes | no
- 18. Do you currently have a veterinarian? (circle one) yes | no • Name of doctor/facility \_\_\_\_\_
- 19. If your cat became seriously ill or injured and needed expensive medical treatment, what would you do? \_\_\_\_\_
- 20. How did you hear about ABC? (circle all that apply)  
Newspaper | Friends / family | ABC website | ABC volunteer | ABC staff | Other \_\_\_\_\_
- I HEREBY CERTIFY THE INFORMATION PROVIDED IS COMPLETE AND CORRECT.**

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**Thank you!**

**FOR OFFICE USE ONLY:**

Reviewed by (ABC) \_\_\_\_\_ Adoption approved? (circle one) yes | no  
 Verified by (ABC) \_\_\_\_\_ Comments: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_