



# FOC Adoption Questionnaire

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Have you ever adopted from FOC?  Yes  No If yes, how long ago and do you still own the cat? \_\_\_\_\_

## Personal Information:

- Current residence:  house,  apartment,  other ~  own,  rent,  lease
- Many landlords do not allow pets. If you rent, may we contact your landlord for confirmation that you are allowed to have a cat?  yes,  no. If not, why? \_\_\_\_\_  
Landlord name \_\_\_\_\_ Landlord phone number \_\_\_\_\_  
Does your landlord require a security deposit for pets?  yes,  no. If yes, has it been paid?  yes,  no  
Are there special conditions required, such as declawing of your cat?  yes,  no. If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
- Are you active military?  yes,  no. If deployed, what provisions would you make for your cat? \_\_\_\_\_  
\_\_\_\_\_
- Are there children in your home?  yes,  no. If yes, what are their ages? \_\_\_\_\_
- Does anyone in your home have an allergy to cats?  yes,  no. If yes, what arrangements have you made to deal with this? \_\_\_\_\_  
\_\_\_\_\_

## Pet History:

- Please list all of the pets currently in your household and their ages \_\_\_\_\_  
Are they  indoor or  outdoor pet(s)? **Will your new pet be  indoor or  outdoor**
  - Do you have dogs?  yes,  no. Do they like cats?  yes,  no. If no, what arrangements will you make for the safety of the cat? \_\_\_\_\_  
Do you have a doggie door?  yes,  no.
  - Have you relinquished or given away any pets in the past?  yes,  no If yes, please explain the circumstances involved, i.e. to whom why, and when \_\_\_\_\_  
\_\_\_\_\_
  - Have you ever had your cat(s) declawed?  yes,  no If yes, what prompted you to take this action? \_\_\_\_\_  
\_\_\_\_\_
- Will you declaw your new cat?  yes,  no. If yes, why? \_\_\_\_\_

**Veterinary Information:**

- Do you currently have a veterinarian?  Yes,  no If yes, may we use your veterinarian as a reference for you?  
 Yes,  no If no, why? \_\_\_\_\_
- Veterinarian's name \_\_\_\_\_ Phone \_\_\_\_\_
- Have you ever owned a pet with major health issues?  yes,  no If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_

**Board and Care:**

- Are you away from your home frequently?  yes,  no If yes, what arrangements will you make for your pet(s)?
- If for any unforeseen reason in the future you are unable to care for you cats, such as death, incapacitation, medical conditions, economic reasons, or if the new pet does not get along with your current pet(s), what arrangements will you make for the cat? \_\_\_\_\_  
 \_\_\_\_\_
- Cats can live upwards of 15 years. This takes an investment of your time, daily expenses (food/litter), annual medical expenses and possible catastrophic medical expenses. If you cat becomes injured or ill, do you plan to sustain the cost of care?  yes,  no If no, what do you plan to do with the cat?  
 \_\_\_\_\_

*Friends of Cats, Inc. is a private, non-profit organization and reserves the right to refuse adoption to any person for any reason deemed necessary by the Shelter Staff. By signing this application, it becomes the property of Friends of Cats, Inc. and will not be given to the applicant.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This section for FOC staff:**

Initial Review  INT \_\_\_\_\_  
 Call Back  INT \_\_\_\_\_  
 Appointment Made  Date \_\_\_\_\_ Time \_\_\_\_\_  
 Approved  Denied  Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_