

FAXED To # _____ FAX Date: _____ FAX Time: _____ FAXed By: _____

THE CAT NETWORK, INC.
(305) 255-3482

QUESTIONNAIRE FOR ADOPTION
WE RESERVE THE RIGHT TO REJECT

P.O. Box 347228
Miami, Florida 33234-7228

NAME OF CAT: _____ Foster Parent's Name: _____

Your Name: _____ Are you over 18 years old? _____

Address: _____ City/State/Zip: _____

Telephone: Home _____ Work _____ Cell: _____

Are you planning to move in the next 6 months? _____ Your Email Address: _____

Employer: _____ Occupation: _____ Time with this Employer: _____

Do you Rent _____ / Own _____ your home? Name of Development or Complex _____

What floor do you live on? _____ Do you have a balcony or patio? _____ Is it completely screened? _____

Landlord's Name: _____ Landlord's Phone Number: _____

Do you have permission to have a cat? _____ If you have a pet deposit, what is the amount? _____

List other adults living in your home: _____

How many children live in your household? _____ What are the ages of these children? _____

Why are you interested in adopting a cat? _____

Are other members of your household in agreement about adopting a cat? _____

If you or someone in your household gets pregnant, what will you do with this cat? _____

Does anyone in your household smoke? _____ Does anyone have allergies or asthma? _____

How many other animals live in your house or yard? _____

Type of animals: _____ Are they spayed or neutered? _____

Have you ever had a cat? _____ Where is that cat now? _____

If you have a cat, do you have a litterbox? _____ Do you plan to have a litterbox? _____

Are your other animal's vaccines current? _____ Have your cat(s) been tested for Leukemia & FIV? _____

Vet's Name: _____ Vet's Phone: _____ Where will this cat sleep? _____

Do you plan to declaw your cat? _____ What do you expect to pay for Vet care yearly? _____

Do you plan to keep your new cat indoors only? _____ Outdoors? _____ Both? _____

What would you do if your cat develops a medical or behavioral problem? _____

Have you ever surrendered an animal to a shelter or rescue agency? _____ If yes, why? _____

What reason would compel you to give an animal up? _____

Would future housing decisions ensure you could take your pets? _____

How many hours a day would you spend with your cat? _____ Do you plan to feed your cat: Moist ___ Dry ___ Both ___

If you travel, who will provide for this cat while you are traveling? _____

If for any reason you become unable to care for this cat, do you have a friend or family member who would adopt this cat? _____

Person's name: _____ Person's phone number: _____

Signature: _____ Date: _____

Volunteer's Notes: _____ Initials: _____

CN website 6/19/06