



Friends For The  
Dearborn Animal Shelter

**Cat Adoption Questionnaire**  
**For Office Use Only**  
**This form and its contents are the property of FFDAS**



1. Name:	Date:
2. Address: (Include street, city, state and zip code)	
3. <input type="checkbox"/> Own Home <input type="checkbox"/> Rent Home <input type="checkbox"/> Rent Apartment <input type="checkbox"/> Other: Please explain:	
4. If you are not the homeowner give landlord's name and telephone number:	
5. How long have you been at your current address?	
6. If answer to above is less than 1 year, please give previous address:	
7. Occupation:	
8. Place of Business:	
9. Phone: Home: ( ) Work: ( ) Emergency: ( ) Mobile Phone ( ) E-Mail Address:	
10. Driver's License ID#	Birth Date:
11. Please list all household members and their approximate ages (include frequent visitors)	
12. Does everyone listed above want a cat? If not, please explain:	
13. Who will be assuming responsibility for this cat?	
15. Why do you want to adopt a cat? Check all that apply: <input type="checkbox"/> Companion <input type="checkbox"/> Gift <input type="checkbox"/> To Breed <input type="checkbox"/> For a Child <input type="checkbox"/> Mouser for a home <input type="checkbox"/> Mouser for a Business	
16. Do you have any pets now? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, please skip to question #21.) If yes: Number of Dogs? _____ Number of Cats? _____ Other? _____	
17. Are they up to date on vaccinations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Are they spayed/neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Where are your current pets kept?	
20. Please list the name with city/state of your current veterinarian:	
21. Have you had pets in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	
22. Please list the name with city/state of the veterinarian who treated them? (If you currently have a pet/s and they have a vet history we can check you do not need to complete this)	
23. Have you ever brought an animal into a shelter before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. If yes, explain circumstances:	
25. Have you ever adopted from a shelter before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where is that pet now?	

26. Do you plan to spay or neuter your cat? ( ) Yes ( ) No  
27. If No, why not?

28. Do any members of your family have allergies? ( ) Yes ( ) No  
29. If yes, what kinds of allergies?

30. Are you planning on moving in the near future? ( ) Yes ( ) No  
31. If yes, what will you do with your pet?

32. Do you plan to exercise your cat outdoors ( ) Yes ( ) No

33. Where will this cat be kept during the day?

34. Where will this cat be kept at night?

35. Where will this cat be kept when no one is at home?

36. Where will the cat be kept when you go on vacation?

37. How much time do you spend away from home on a daily basis?

38. The following is normal behavior for a cat. Check those that present a problem:  
( ) Jumping on tables/furniture ( ) Scratching furniture ( ) Chewing Plants  
How will you handle these problems?

39. What will you do if your cat urinates in the house?

40. References: You must include at least one reference if you do not have a veterinarian. The reference should not be an immediate family member.

Name:

Address:

Telephone:

Relationship:

41. How did you hear about Friends For the Dearborn Animal Shelter?

Other Comments Applicant would like to add:

**Signature:** \_\_\_\_\_

**Date:** \_\_\_ / \_\_\_ / \_\_\_

My signature certifies that all information provided is true and complete and that the Friends For the Dearborn Animal Shelter (Friends) is authorized to gather whatever information FFDAS considers necessary and appropriate for adoption of any animal. All questionnaires must be complete. FFDAS reserves the right to deny adoptions.

♥♥♥ Thank you ♥♥♥

**INTERVIEWER's NOTE's and COMMENTS:**

**Applicant Name:** \_\_\_\_\_ **Cat Name:** \_\_\_\_\_