



# SPCA CAT ADOPTION QUESTIONNAIRE & FOSTER AGREEMENT A H D

**THIS FORM MUST BE FILLED OUT COMPLETELY PRIOR TO ADOPTION.  
PLEASE ANSWER ALL QUESTIONS**

Last Name (please print) \_\_\_\_\_ First Name \_\_\_\_\_

COMPLETE Physical Address (No P.O. Boxes) \_\_\_\_\_ Circle One (City/County)

City/State/Zip \_\_\_\_\_

COMPLETE Mailing Address \_\_\_\_\_ Circle One (City/County)

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Date \_\_\_\_\_

1) What type of cat are you looking for? \_\_\_\_\_

Circle one: Housecat, Companion, Mouser, Gift, Other

2) What attracted you to this cat? \_\_\_\_\_

3) Is an adult home during the day? \_\_\_ How long each day will the cat/kitten be alone? \_\_\_\_\_

4) Where will the cat/kitten be kept during the day? \_\_\_\_\_ At night? \_\_\_\_\_

5) While you are not at home? \_\_\_\_\_ When you travel on vacation? \_\_\_\_\_

6) Who in your family will be responsible for the pet's daily care? \_\_\_\_\_

7) A feline may live 20 years or more. Do you agree that pet guardianship is a lifetime commitment? \_\_\_ Have you now or ever had pets? \_\_\_ Please list:

8) Type of Pet                      How obtained                      Spayed/Neutered?                      Length of stay                      What Happened to pet?

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

9) If you are a guardian of a dog has he/she been exposed to cats? \_\_\_ How does your dog behave/react to cats/kittens? \_\_\_\_\_

10) Primary reason you want to adopt this cat? \_\_\_\_\_

11) Is anyone in the household allergic to animals? \_\_\_ Yes \_\_\_ No

12) Animals are as individual as people. Are you willing to spend the time and effort needed to help this pet adjust to your home? \_\_\_ Yes \_\_\_ No. How much time? \_\_\_\_\_. Are you willing to adjust your lifestyle to ensure that your new pet will be happy and healthy? \_\_\_ Yes \_\_\_ No

13) What kind of animal behavior(s) do you feel unable to accept; i.e. what would cause you to return the cat/kitten to us: \_\_\_\_\_

14) What method of punishment do you intend to use if the cat/kitten misbehaves \_\_\_\_\_

15) What will happen to the cat/kitten if you unexpectedly move? \_\_\_\_\_

16) Are you aware that the costs of veterinarians and medications can be as much as several hundred dollars per visit per pet? \_\_\_\_ Including the costs of veterinarians, clinics, or hospitals, and medications, how much do you think it will cost to feed, vaccinate, license, purchase supplies for, and care for this cat/kitten each year? \$ \_\_\_\_\_

Will you allow the cat or kitten out of doors? \_\_\_\_\_ Will you keep him/her indoors? \_\_\_\_\_

17) Would you object to an inspection of your premises by our staff? \_\_\_\_\_.

18) Your email address \_\_\_\_\_

19) Name of Spouse/ Roommates \_\_\_\_\_

20) Number of People in household : Adults \_\_\_\_\_ Children \_\_\_\_\_ Ages of Children \_\_\_\_\_

21) Occupations of Adults \_\_\_\_\_

22) Type of Dwelling: \_\_\_\_\_ House \_\_\_\_\_ APT \_\_\_\_\_ Other \_\_\_\_\_

23) Do You : \_\_\_\_ Own \_\_\_\_ Rent Landlord's Name \_\_\_\_\_ Phone # \_\_\_\_\_

24) Name of Veterinarian Clinic \_\_\_\_\_

25) Please list the names, addresses, and phone numbers of two references:

NAME

ADDRESS

PHONE NUMBER

26) Have you ever been accused or convicted of animal cruelty or abuse? \_\_\_\_\_

I certify that the above is true and correct. Any false information may result in the nullification of this adoption. I have done the necessary planning and budgeting in order to make this new addition to my household a welcome member of my family. I understand that all animals adopted from animal shelters in Virginia must be spayed or neutered before adoption. I further give the SPCA permission to check my veterinarian records to confirm the above information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

SPCA Adoption Counselor \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY