

Adoption Questionnaire



Thank you for your interest in adopting a cat or kitten from the Fort Collins Cat Rescue & Spay/Neuter Clinic. Please complete this form in order for us to best match you with a kitty. Adopting a cat from us makes room so we can rescue another cat. Our space is limited, and there are many in need.

Please note that this adoption questionnaire will be kept on file for 60 days.
If you choose to adopt in more than 60 days, you will be required to complete another questionnaire.

Adopter Information

Name: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Contact Number: _____

What type of housing do you have? Own Rent Live with parents
Are you employed? Yes No: Student Retired Other: _____

Are you 18 or older? Yes No
Are you adopting this cat for yourself? Yes No

Household Information

Does every person in the house agree to having a cat in the home? Yes No Unsure

How many adults are in the household: _____

How many children in the household and their ages: _____

Who will be responsible for feeding, grooming and cleaning the litter box?
 Myself My Spouse/Partner My Children

Who would care for the kitty if something were to happen to you? _____

Cats lick their fur to clean themselves; this produces CAT DANDER to which many people are ALLERGIC. Have you or anyone in your household ever experienced an allergic reaction to a cat?

Yes No Unsure

Current and Past Pets

Have you ever owned a cat before? Yes No
Cats currently in household: None # of males: _____ # of females: _____

Ages of cats in household: _____
Are they spayed or neutered? Yes No Some Unsure

Are they current on vaccinations? Yes No Unsure

Have your cats been tested for Feline Leukemia? Yes No Unsure
Are your cats declawed? No Yes- all Yes- front only

Dogs currently in household: None Small Medium Large

Number of dogs currently in household: _____
Are they spayed or neutered? Yes No Unsure

Are they current on vaccinations? Yes No Unsure

Have they been around cats before Yes No Unsure

What is the name of your Veterinarian: _____

Have you ever given away an animal to an individual, family, shelter or rescue group? No

Yes: where & why? _____

Hopes & Expectations

Why do you want this cat? (Please check all that apply):

- Companion for family Office Cat
Companion for other animal Mouser Other: _____

Do you have a certain type of cat in mind? (Please check all that apply):

- Kitten Adult Senior Male Female
Short-hair Medium-hair Long-hair Specific cat (name): _____

Where will your cat live? (Please check all that apply):

- In Home Office Outdoors In a barn In a garage

Scratching is a typical cat / kitten behavior. How will you deal with this? _____

If you had to move, what would you do with this cat? _____

Under what circumstance would you give up your pets? (Please check all that apply)

- Divorce Moving Child lost interest Medical problems with owner
Change in lifestyle A new baby in house Does not like family member
Allergies Aggression Behavior problems Does not like other pet(s)
Medical problems w/pet Litter box issues Scratching furniture Other:

Cats can live 15 to 20 years. Are you willing to take responsibility for this cat for that length of time?

- Yes No Unsure

What are you able to afford in expenses for a cat, including proper nutrition, routine veterinary exams, vaccines, and unexpected veterinary bills?

- \$0-\$300 a year \$300-\$600 a year \$600-\$1000 a year

Have you ever used our PAL + (Prevent a Litter) reduced cost spay/neuter program or our Kibble Assistance Program? Yes No

If yes, when did you participate in these programs?

Last used (month/year)_____ I am still using this program(s)

You understand that you are interested in adopting a rescued animal and that previous medical history is not known. You understand that FCCRSNC cannot guarantee the health of these animals.

- Yes No

Any other information you would like to let us know: _____

Staff Use Only:

Date Received: _____ Reviewed by: _____ A: _____ D: _____ PP: _____