



SICSA  
CAT PRE-ADOPTION SURVEY

DATE \_\_\_\_\_

Cat or Breed of Cat Applying to Adopt: \_\_\_\_\_ Specific Cat: \_\_\_\_\_

What Gender would you prefer to adopt?  Male  Female

What is your age preference?  Under six months  6 months-1 year  1-2 years  2-5 years  Other \_\_\_\_\_

Why do you want to adopt a shelter/rescued Cat? \_\_\_\_\_

Are you willing to adopt an older Cat (6 + years)?  Yes Are you willing to adopt a special needs Cat?  Yes

What do you want this Cat for (check all that apply)?  Companion for me  Companion for another pet

Mouser  De-clawed  Active  Lap  Quiet  Inside Only  Inside/Outside  Outside Only

Other \_\_\_\_\_

**Applicant Contact Information**

Applicant First and Last Name: \_\_\_\_\_ Co-Applicant First and Last Name: \_\_\_\_\_

Applicant Employer: \_\_\_\_\_ Co-Applicant Employer: \_\_\_\_\_

Age of Applicant: \_\_\_\_\_ Age of Co-Applicant: \_\_\_\_\_

Residence Street Address (Not a P.O. Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Years at current address: \_\_\_\_\_ Email address: \_\_\_\_\_

**Household Members Other Than Applicant(s)**

Name \_\_\_\_\_ Age: \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age: \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age: \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age: \_\_\_\_\_ Relationship \_\_\_\_\_

If there are additional people in your household, please list on the back of the application.

Do children visit in your home:  Yes  No If Yes, ages and frequency: \_\_\_\_\_

Are you willing to supervise the cat at all times with children under the age of 10?  Yes

Who will be primarily responsible for caring for the cat? \_\_\_\_\_

Is anyone in the household allergic to dogs or cats?  Yes  No

Is this cat being adopted as a gift for someone?  Yes  No

If yes, is the person aware they are going to be receiving a cat, or is it a surprise? \_\_\_\_\_

**Dwelling Information**

Type (i.e., House, Apartment, Condominium, Mobile Home): \_\_\_\_\_  Rent  Own

If Rent, landlord Name and Phone Number: \_\_\_\_\_

How long do you expect to be at your current residence? \_\_\_\_\_

Where will the Cat be kept during the day? \_\_\_\_\_ Where will the Cat be kept at night? \_\_\_\_\_

**Lifestyle**

How many hours will the Cat be left alone at any one time, and how frequently? \_\_\_\_\_

Have you ever been convicted of cruelty to animals?  Yes  No

**Pet Care Philosophy**

Are you willing to work with the shelter Cat to resolve problem behaviors? (i.e. chewing, housetraining, pulling on lead, barking)

Yes  No

If yes, what types of problems would you not be able to accept? \_\_\_\_\_

How will you correct behavior problems? \_\_\_\_\_

Do you understand that rescued Cats may have house-training problems, especially at first?  Yes

Who will care for the Cat during vacations or overnight trips? \_\_\_\_\_

**Agreements/Understandings**

Are all household members in favor of adopting a Cat?  Yes  No

Are you willing to take responsibility for the Cat for its lifetime?  Yes  No

Additional Comments: \_\_\_\_\_

**Pets (Current and Past 3 Years)**

Have you ever owned a Cat as an adult?  Yes  No

Do you currently own any Cats?  Yes

Do you currently own any cats?  Yes

Please list all dogs and cats owned currently. If you have more pets than room allowed on the form, please describe in the comments section below.

Pet Name	Type -Cat or Cat/Breed:	Age:	Gender:	Spayed or Neutered?
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments (or additional pets): \_\_\_\_\_

Did you have any pets in the past 3 years that are no longer with you?  Yes  No

If yes, please list: \_\_\_\_\_

Do all of your current pets get along well with other animals?  Yes  No

If no, please explain: \_\_\_\_\_

Do all your pets receive regular veterinary care and are they up-to-date on vaccinations?  Yes  No

What heartworm preventive do you use? \_\_\_\_\_

If you have adopted a rescue pet before, please provide details: \_\_\_\_\_

Veterinarian Name: \_\_\_\_\_ Veterinary Phone Number: \_\_\_\_\_

Do you own any other types of pets or livestock? If yes, please explain what types: \_\_\_\_\_

**I have answered all the above questions truthfully to the best of my knowledge. I understand that if, for any reason, I can no longer care for or keep the Cat, I must return it directly to SICSA, and I will sign all necessary papers for the surrender of the Cat.**

SICSA offers no guarantees regarding health, behavior, temperament or actions of the pet you are interested in adopting. If you choose to return the pet, the adoption fee is **non-refundable** and **no refund** will be given for any additional medical costs.

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Date** \_\_\_\_\_

**Veterinary verification?** \_\_\_\_\_

**Landlord verification?** \_\_\_\_\_

**Approved adoptive home? YES**  **NO**  **PENDING**  \_\_\_\_\_

**Interview Notes:**

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

**Cat (s) interested in:**

\_\_\_\_\_

**Cat (s) adopted:**

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

**SICSA Interviewer:** \_\_\_\_\_