



CAT ADOPTION QUESTIONNAIRE

Thank you for choosing Oconee Humane Society in your search for a new pet. Our adoption volunteers consult your responses to these questions to match you with a pet who is best suited to you, your home and lifestyle.

Animal Name/ID # _____

Adopter's Name(s) _____

Current Street address _____ Apt. # _____

City: _____ State: _____ Zip: _____

Email address: _____ Phone # _____ DL# _____

Current Employer: _____

If you are not employed, who will be financially responsible for this pet? _____

Do you live in a: House Apartment Dormitory Duplex/Townhouse
 With Parents Mobile Home – Name of Park _____

Do you rent? NO YES Landlord's name _____ Phone # _____ OHS _____

Have you adopted from this shelter before? NO YES When? _____ Who? _____

Where is this pet now? _____

How many adults are in the household: _____ Children? _____ Age(s) of Children: _____

Reason for wanting to adopt a pet (check all that apply) Family companion Gift Mouser
 For my children Companion for other animal Other (specify) _____

Where would this cat live: In house only Inside and Outside Outside Only (Describe shelter _____)

What pets have you owned in the past five years?

Type of Breed of pet	Age	Sex	Spayed or Neutered	If no longer owned, What happened to this pet?

If any of your pets are not spayed or neutered, would you be interested in our low cost spay/neuter programs? YES NO

Has Animal Control ever visited your home? YES NO If yes, why? _____ OHS _____

Who is your current vet? _____ City and state _____

Phone number _____ Past vet, city, and state _____ OHS _____

Are your pet's vaccinations up to date for: Rabies Distemper combo If no, why not? _____

Required annual vet care includes, but is not limited to, vaccinations, flea preventative, internal parasite control, allergies, etc.

Do you understand all pet care will be at your expense? YES NO

If you adopt a cat or kitten, would you plan to declaw the pet? YES NO MAYBE OHS _____

What will you do if this pet does not get along with current pets OR is not a good fit with your family? _____
(It is ok and preferable to bring the animal back to Oconee County Animal Control.)

ADOPTER SIGNATURE _____ DATE _____

By signing, I affirm I am 18 years or over, and the information contained on this form is true to the best of my knowledge. I understand OHS may approve or deny an adoption based on this or other information during my visit. If this information is found to be false, I understand that OHS may reclaim this animal with the assistance of Oconee Animal Control.

