

Long Beach Spay & Neuter Foundation

CAT - Pet Adoption Questionnaire

Name of animal interested in _____ 8 UNR _____

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Driver's Licence # _____

Do you live in a? _____ How long have you been in this residence? _____

How many adults in your household _____ How many W J X f Y b in your household _____

Would you ever consider moving to a home that does not allow pets? Yes No

Do you have a pet door? Yes No

Do you rent? Yes No

If yes, do you have landlord's permission to keep a pet? Yes No

May we contact your landlord? Yes No

Landlord's Name _____ Landlord's Phone _____

Occupation _____ Work Phone _____ Work Hours _____

How long have you been at your present job? _____

How often do you travel? _____

Who will care for the cat while you are away? _____

primary care giver of this new pet will be _____

Why are you looking to adopt this pet _____

What type of personality are you looking for in this pet? _____

How long have you been thinking about adopting a pet _____

Who are you adopting this pet for?
 Self Other Pet Spouse Gift Children Other

Do you plan to place a collar/ name tag on this pet? Yes No Do you plan to keep the pet? Yes No

How many hrs per day will your pet have human company? _____

Where will your pet be kept while everyone is away from home? _____

What type of food do you plan to feed this pet? _____

Would you object to a home visit? Yes No

Have you ever had a cat or kitten before? Yes No

How long ago did you have a cat? _____

How old was the cat? _____

What happened to the cat? _____

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CAT - Pet Adoption Questionnaire

Have you ever had to give up a pet? Yes No

If yes, please explain why and what happened to the pet?

Please list all pets (cats, dogs, etc.) that have lived with you in the past last five years and where they are today?

Vet Name _____ Vet Phone _____

Vet Address _____

If anyone in your household is, or becomes allergic to pets what will you do?

Do you have a relative or close friend who would adopt the pet if you become incapable of taking care of it? Yes No

Are you open to us visiting the cat/kitten once it's settled in your home &/or grown up? Yes No

Date Signature _____ Signature _____

Thank you for Completing this Application

Release: By submitting this document you are stating that all the information given herein is accurate and complete and that you are hereby giving your consent for Long Beach Spay & Neuter Foundation to verify any and all information. The completion of this form does not entitle you to any guarantees or rights. LBSN will not be held liable in any way for any animal, or its actions, once the animal has been placed. Please send completed applications to info@lbn.org or print it out and bring it with you to adoptions.