



ANOTHER CHANCE
 ANIMAL WELFARE LEAGUE
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 EMAIL: COMPASSION4PETS@AOL.COM

PRE-ADOPTION QUESTIONNAIRE - CAT/KITTEN

Name: Mr. Mrs. Ms. _____ Home Phone: _____
 Street Address: _____ Work Phone: _____
 City: _____ County: _____ State _____ Zip _____
 Mailing address (if different): _____
 Email address: (optional): _____
 Employer: _____ Occupation: _____
 Spouse/Partner Name: Mr. Mrs. Ms. _____
 Spouse/Partner Employer: _____ Work Phone: _____

How did you hear about Another Chance Animal Welfare League? Newspaper Radio
 TV Yellow Pages Friend www.acawl.org Offsite Event Other _____

Another Chance Animal Welfare League is committed to providing continuing consultations to any families that adopt from us and to building lifelong relationships between people and their pets.

1. Briefly describe why you would like to adopt a CAT/KITTEN. _____

HOUSEHOLD:

2. Do you live in: House Townhouse Condo Mobile Home Apartment Complex Name _____
 3. Does your lease allow pets? _____ Yes _____ No
 Landlord Name and phone: _____
 4. Do you need to contact your landlord before we do to verify this information? _____ Yes _____ No
 5. Do you: Rent Own How long have you lived at this address? _____
 6. Please list the names of all of your household members. Include ages for household members under 18.

7. For whom are you adopting this pet? Self Children Family Gift Other Pet Other
 8. Who will be primarily responsible for the care and supervision of the animal? _____
 9. Will this cat be in the presence of children frequently? Yes No If yes, what ages? _____
 10. Do any household members have known allergies to CATS? Yes No

LONG TERM PET CARE:

11. What will happen to this cat if you move? _____
 12. Are you prepared to accept the cost of a cat in the home? Yes No Don't know
 13. Do you have a veterinarian for your pet(s)? Yes No N/A Name of Clinic: _____
 14. Approximate date of last vaccinations for current pet(s): _____

ANIMAL SELECTION/BEHAVIORS:

15. As an adult, have you owned a cat? Yes No If yes, what breed? _____

16. How many hours each day will your household be without people? _____

17. Please list the pets that you have had in the past five years (both current and those you no longer own):

Breed/Type	Age	Sex	Spayed/Neutered	How long owned?	What happened to him/her?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

19. Kittens:

Do you want to house the kitten indoors? Yes No If yes, when? _____

Do you want to house the kitten outdoors? Yes No If yes, when? _____

20 Cats:

Do you want to house the cat indoors? Yes No If yes, when? _____

Do you want to house the cat outdoors? Yes No If yes, when? _____

20. a) Where will this animal sleep? _____

21. How will keep the cat confined to your property if it has access to outdoors? _____

22. How do you plan on coping with furniture scratching? _____

23. How do you plan on coping with house soiling? _____

24. How do you feel about declawing a cat? _____

25. For what potential problems do you feel unprepared? *Please check all that apply.*

- Biting House soiling Not good with other animals Not good with children
- Excessive Chewing Excessive grooming needs Excessive activity level Medical issues
- Confinement issues Other _____

- **I certify that this information is true and understand that false information may result in nullifying this adoption.**
- **I understand this questionnaire remains the property of Another Chance Animal Welfare League. I understand that ACAWL has the right to do a home inspection prior to approval of adoption and may refuse an adoption to anyone.**

SIGNED _____ **DATE** _____

Must be over 18 years to sign this agreement

Thank you for completing this questionnaire. This enables our adoption staff to match people and animals for a lifetime.

*******FOR USE BY ADOPTION ADVISOR DURING DISCUSSION WITH ADOPTER*******

Reviewed by _____ **Date** _____ **Results:** ___Approved ___Declined

Results of landlord conversation: _____

Review Policy for:

- Houstraining Crate Confinement Activity Breed In/Out
- Intro to other Pets Return Policy

Home Check Done by: _____ **Date** _____ **Attached results:** ___YES ___NO

NOTES: _____

