

Nine Lives Foundation

Cat Adoption Consultation Form

Nine Lives Foundation uses this form to help us understand your needs and expectations. This information will help us in selecting the animals we believe will be a good match for you and your family. Adopting an animal is a big decision and a lifetime commitment, so please help us in making this a successful adoption.

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Cross Streets: _____

Current Employer: _____ No. of Years: _____

What physical characteristics are you looking for in your new pet?

The name of the cat / kitten that I am interested in adopting is: _____

I would like my new cat / kitten to be: Male Female No Preference

I would like my new cat / kitten to have: Long Hair Medium Length Short Hair

I would like my new cat / kitten to be: Small Medium Large

My new cat / kitten will be: Outdoor Indoor Outdoor Mostly Indoor Mostly

The following are questions about your current and previous pets.

Is this your first pet? Yes No Have you adopted a pet from Nine Lives before? Yes No

If yes, what did you adopt? Cat Dog Their names? _____

What kinds of pets have you previously had (Check all that apply)? Cats Dogs Other

What happened to them? _____

How do you plan to keep your new cat / kitten from scratching your furniture?

Declaw the cat Train it to use the scratching post Use "Soft Paws ®" Other

In the section below, please describe your current pets.

My first pet is a :	<input type="checkbox"/> Cat	<input type="checkbox"/> Dog	Other (please explain):	_____
Breed?	_____	Age?	_____	Gender? <input type="checkbox"/> Male <input type="checkbox"/> Female
Spayed or neutered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Declawed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vaccinated? <input type="checkbox"/> Yes <input type="checkbox"/> No
When is their next vaccination due?	_____			

My second pet is a :	<input type="checkbox"/> Cat	<input type="checkbox"/> Dog	Other (please explain):	_____
Breed?	_____	Age?	_____	Gender? <input type="checkbox"/> Male <input type="checkbox"/> Female
Spayed or neutered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Declawed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vaccinated? <input type="checkbox"/> Yes <input type="checkbox"/> No
When is their next vaccination due?	_____			

My third pet is a :	<input type="checkbox"/> Cat	<input type="checkbox"/> Dog	Other (please explain):	_____
Breed?	_____	Age?	_____	Gender? <input type="checkbox"/> Male <input type="checkbox"/> Female
Spayed or neutered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Declawed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vaccinated? <input type="checkbox"/> Yes <input type="checkbox"/> No
When is their next vaccination due?	_____			

My fourth pet is a :	<input type="checkbox"/> Cat	<input type="checkbox"/> Dog	Other (please explain):	_____
Breed?	_____	Age?	_____	Gender? <input type="checkbox"/> Male <input type="checkbox"/> Female
Spayed or neutered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Declawed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vaccinated? <input type="checkbox"/> Yes <input type="checkbox"/> No
When is their next vaccination due?	_____			

Additional Comments:

The following are questions about your home and family.

I currently Own my house Rent a house Rent an apartment Other

If other, please explain _____

If renting, does your landlord allow pets? Yes No I don't know

Does your landlord require a security deposit for pets? Yes No I don't know

Does your home have a pet or dog door? Yes No

Does your home have a pool? Yes No Is the pool fenced? Yes No

How many children live in your home? _____ What are their ages? _____

How often do children visit your home? Daily Weekly Monthly Holidays Never

Is anyone in your home allergic to dogs or cats? Yes No Is this cat / kitten a gift? Yes No

Approximately how many hours a day will your new cat / kitten be unattended while your family is at work or school?

0 hours 1 – 3 hours 3 – 6 hours 6 – 9 hours Over 9 hours

Where will your cat / kitten be kept during the day while you are away? Inside Outside Other

If other, please explain. _____

Where will your cat / kitten be kept during the night? Inside Outside Other

If other, please explain. _____

Our family's activity level is:

Very active and always on the go Moderately active, at home a few nights a week Not very active, at home 5 – 7 nights a week Some is always at home

When I'm out of town I plan to:

Take my cat with me Leave my cat with family or friends Leave my cat home alone Board my cat

If I move out of town I plan to:

Take my cat with me Find another home for my cat Return my cat

How much are you willing to spend on medical expenses per year for your cat?

\$0 - \$100 \$100 – \$200 \$200 - \$500 \$500 - \$800 No Limit

Would you consider adopting an animal with special needs? Yes No Possibly

How did you find out about Nine Lives Foundation (check all that apply)?

Newspaper Special Event Friend / Relative Television Veterinarian Radio Previous adoption Other

Websites:
 www.petfinders.com
 www.pets911.com

I acknowledge that all the information contained in this form is true and correct to the best of my knowledge. I understand that any misrepresentation of the facts may result in the removal of the adopted animal from my home by Nine Lives Foundation .

Signed: _____

Date: _____

FOR ADOPTION CONSULTANT USE ONLY:

Adoption Consultant: _____ Date: _____

Comments: _____