



## Cat Adoption Questionnaire

### FOR STAFF USE ONLY

- ☐ ASM
- ☐ Interaction with animal
- ☐ Behavior and temperament
- ☐ Medical/Vaccinations
- ☐ FIV/FELV Testing (\$20)
- ☐ What to do first when bringing new pet home
- ☐ Litterbox
- ☐ Introduce to other pets/children
- ☐ Explain diet recommendations
- ☐ Concerns about scratching
- ☐ ID Tag/Collar
- ☐ Explain microchip
- ☐ URI/Moving Stress
- ☐ PetFirst Insurance
- ☐ Behavior Help
- ☐ Return policy
- ☐ Payment
- ☐ Meds to go home

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

FAMD Representative Name \_\_\_\_\_

Adopted:      Yes    /    No

Cat Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Cell (      ) \_\_\_\_\_ Home (      ) \_\_\_\_\_

Email: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Driver's License / ID Number: \_\_\_\_\_

How did you find out about us? \_\_\_\_\_

Type of Residence (house, apt., etc.): \_\_\_\_\_

Circle one:    Own    /    Rent    /    Live with Parents

Tell us about the members of your household (children, adults, seniors): \_\_\_\_\_

Pets in home (types and ages): \_\_\_\_\_

Your current veterinarian: \_\_\_\_\_

Companion animals can live 15-20 years. Are you able to take on this commitment? \_\_\_\_\_

Other information you would like to share: \_\_\_\_\_

We will provide information on the new pet's medical and behavior history, as well as tips on caring for the pet. Please check any of the following topics you would like additional information:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Diet                  | <input type="checkbox"/> Litter box training             | <input type="checkbox"/> Grooming/Nail Trim |
| <input type="checkbox"/> Declawing             | <input type="checkbox"/> Training                        | <input type="checkbox"/> Exercise/toys      |
| <input type="checkbox"/> Pet Proofing home     | <input type="checkbox"/> Finding a veterinarian          | <input type="checkbox"/> Moving with pet    |
| <input type="checkbox"/> Introducing a new pet | <input type="checkbox"/> Preventative care (fleas, etc.) |   |

Other questions or concerns: \_\_\_\_\_

Please check services or opportunities that you would like more information about:

☐ Volunteer opportunities      ☐ Community services (spay/neuter, microchip)      ☐ Supporting the Friends organization

**My signature certifies that the Friends for Animals of Metro Detroit (FAMD) is authorized to gather whatever information FAMD considers necessary and appropriate for adoption of any animal. FAMD reserves the right to deny adoptions.**

Signature \_\_\_\_\_

Date \_\_\_\_\_