



Place photo ID here

Employee: _____

AGWC ROCKIN' RESCUE ADOPTION QUESTIONNAIRE FOR CATS

Completion of this application does not guarantee adoption of a rescue cat

Kitten Adoption Fee \$175
Cats Over 5 Months \$125

Pet ownership is a serious responsibility. The policy of AGWC Rockin' Rescues Pet Center is to assure that each person(s) who adopts a cat is aware of the responsibilities, that each person(s) is capable of and willing to accept the responsibilities morally, physically, and financially. Unfortunately, it is quite true that not everyone who desires to own a cat should own a cat.

The following questionnaire has been designed to aid both you and AGWC Rockin' Rescues Pet Center in deciding if you and your family are indeed at this moment adequately prepared to assume the type of responsible ownership which we are endeavoring to assure for our adoptive cat(s).

Please be sure to answer ALL questions as thoroughly as possible and feel free to add your own comments. If a question does not apply to you, please answer with "N/A". Due to the high volume of applications we receive, incomplete applications will not be considered.

The first section of the questionnaire is designed to aid us in deciding if the proper daily environmental conditions are available in order to provide responsible care for the cat(s).

Date _____ Desired Cat(s) _____

Name of Applicant _____ Occupation _____

Driver's License _____ Date of Birth _____

Spouse / Significant Other _____ Occupation _____

Names / Ages of Children, if any _____

Any other occupants in home _____

Address _____ City: _____ Zip Code: _____

Home phone (____) _____ Work (____) _____ Cell (____) _____

Email Address: _____

Type of Dwelling: House _____ Condo _____ Apt. _____ Other _____ Do you own? _____ Rent? _____

If renting, do you have landlord's permission to have a cat? Yes ___ No ___

Landlord Name: _____ Phone (____) _____

Please **sign** on the line below allowing AGWC Rockin' Rescue permission to contact your landlord.

Do all adults in your household know you plan to adopt? Yes _____ No _____

Who will be primarily responsible for the cat's care? _____

If you were to become disabled, were no longer able to care for the cat, or in the event of your demise, what would happen to the cat?

Is anyone in your household allergic to cats? Yes ____ No ____

How do you feel about declawing cats? _____

Does any one in the household smoke cigarettes, cigars, pipes, or burn incense? Yes ____ No ____ Other: _____

Please specify: _____

How many hours per day would the cat(s) be left alone? _____

Where would the cat(s) be when left alone? Indoors ____ Outdoors ____ Where? _____

Would the cat(s) have access to a balcony or patio? Yes ____ No ____

If yes, FULLY enclosed? Yes ____ No ____

Describe the enclosure _____

Do you have a doggie door? Yes ____ No ____

Do all of your windows have secure screens? Yes ____ No ____

What percentage of the time would the cat(s) be allowed outdoors? 100% ____ 50% ____ 25% ____ 0% ____

Other (explain): _____

Where will the cat(s) sleep? (Please be specific, e.g. indoors on the couch, outdoors in the garage, etc.)

Where indoors? _____

Where outdoors? _____

Where are the litter boxes kept? _____

This next part of the questionnaire is designed to give us an idea of your past and present experience with pet ownership as well as your reason for wanting to adopt a pet at this time.

Have you previously applied at another rescue group or shelter? Yes ____ No ____

If yes, were you: Accepted ____ Denied ____ N/A ____

If denied, please explain why: _____

Which rescue group or shelter did you apply? _____

Have you previously owned a cat? Yes ____ No ____ How long ago? _____

Have you ever taken your cat to a veterinarian to be declawed? Yes ____ No ____

If yes, explain _____

Have you ever bred a cat? Yes ____ No ____

If yes, which breed? _____

Did you breed and raise for: Fun ____ Show ____ Profit ____ Other _____

If you currently have other cats:

Are they declawed? Yes ____ No ____ N/A ____

Reason: _____

Are they neutered/spayed? Yes ____ No ____ N/A ____

Reason: _____

Are they current on vaccines and which ones? Yes ____ No ____ N/A ____

Reason & specify: _____

Have they been tested for Leukemia & Feline Aids? Yes _____ No _____ N/A _____

At which vet was your cat(s) tested and when? _____

Is the vet listed above your primary vet? Yes _____ No _____

If no, who is your primary vet? _____

Do you know where the nearest emergency vet clinic is? Yes _____ No _____

If yes, what is the name & phone #? _____

How much would you be willing to spend on treatment for your cat(s)?

\$1-\$100 _____ \$100-\$300 _____ \$300-\$500 _____ \$500-\$1000 _____ Other _____

How knowledgeable and/or intuitive would you say you are about your pet's medical health? Describe a previous experience.

Are you aware that pet insurance is available? Yes _____ No _____ Already insured _____

For your pet's medical history, may we contact your primary veterinarian? Yes _____ No _____

Please **sign** on the line below allowing AGWC Rockin' Rescue permission to contact your veterinarian.

What other animals do you presently own?

What are their names and ages? _____

Do they get along with cats? Yes _____ No _____ Unsure _____ N/A _____

What brand of dry and canned food do (did) you feed your cat? _____

In the row "What happened" explain whether you gave the pet(s) away, sold, surrendered to an animal shelter, abandoned, died, or other. If the pet(s) died, please state the cause(s) of death. If other, please explain in detail. Please include all pets you have owned.

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Most cats (especially adults) require time to adjust to new surroundings. How much time are you willing to give the cat(s)?

What is your primary reason for adopting a cat(s)?

A companion _____ Spouse _____ Children _____ Other pet _____ Pest control _____ Barn cat _____ Gift _____

Other _____ Explain _____

What is most important to you when choosing a cat to adopt? _____

Do you travel a great deal? Yes _____ No _____

When you travel, who will care for the cat(s)?

Kennel _____ Pet sitter _____ Neighbor _____ Relative _____ Other _____

How many pets in each home are allowed in your area? _____

What would happen to the cat(s) if you moved (Please answer all 3 questions):

Locally? _____

Out of State? _____

Overseas? _____

Under what circumstance would you give up the cat(s)? Mark all that apply.

Serious illness _____ Moving _____ New baby _____ New job _____ Allergies _____ Problems with the other pet(s) _____

Divorce/Separation _____ None _____ Other _____ Explain: _____

If any of the circumstances marked were to arise, what would happen to the cat(s)? _____

What would you do if the cat(s):

Clawed the furniture, drapes, etc.? _____

Showed aggression? _____

Had litter box issues? _____

How did you learn about AGWC Rockin' Rescues Pet Center?

Online _____ Friend _____ Relative _____ Petco _____ Other _____ Specify: _____

We reserve the right, at any time before the animal is released or there after, to terminate an adoption if upon further evaluation the home is found to be unsuitable for the pet, if the pet is found to be unsuitable for the new home, or if medical problems arise that are of a chronic, contagious, or critical nature.

I understand that any donation or contribution is a gift given freely, not a purchase price of a cat. I'm not eligible for a refund.

_____ initial.

We ask for a minimum donation of \$175 for kittens and \$125 for cats.

I can make an additional \$_____ donation to help rescue, provide medical care, spay and neuter, board and place other abandoned dogs. _____ initial

\$ _____	+	_____	=	_____	TOTAL ADOPTION FEE
(ADOPTION FEE)		(ADDITIONAL DONATION)		(TOTAL AMOUNT)	

*****If several people are interested in adopting the same animal, under the Los Angeles Municipal Code, we must use a fair, competitive process for people to bid on the pet. We use a Silent Auction for that process. Please write the amount you are willing to donate to AGWC in ADDITION to the adoption fee.**

\$ _____	+	_____	=	_____	TOTAL ADOPTION FEE
(ADOPTION FEE*)		(SILENT AUCTION AMOUNT)		(TOTAL AMOUNT)	

*Including additional donation if applicable.

Signature

Date _____

Where did you hear about AGWC Rockin' Rescue? _____