

Cat Adoption Questionnaire

The first page of this form is a questionnaire to help us find the best match possible for you! Once you have chosen a particular cat, please complete the second side of the application.



16 Mountain View Meadow Road
Morrisville, VT 0566
802-888-5065 X10
Fax: 802-888-4401

Pet Preferences

Applicant Name: _____

<p>Do you have a preference of age, sex, size, physical appearance, or breed?</p>	
<p>Have you ever adopted before?</p>	
<p>What is your household like? <i>How many people live at the residence and their ages? Describe the activity, noise, or visitor level of your home.</i></p>	
<p>Describe the activity level of the cat you would prefer? <i>Are you looking for couch potato, active & playful, or somewhere in the middle?</i></p>	
<p>Are there any behaviors you would have a hard time tolerating?</p>	
<p>Who does this cat need to get along with? <i>Other cats, dogs, or children?</i></p>	
<p>Are you open to adopting a cat with special needs or training? <i>Diet, medications, continuing health care?</i></p>	
<p>Do you plan on letting this cat go outside?</p>	
<p>What is most important to you for your new cat companion?</p>	

* If you are interested in going on to our Wish List for a particular animal, Please see our Customer Service Manager for details on how to register.

NCAL Initial

Applying For: _____ Date: _____

First, Last Name:	Age:
First, Last Name:	Age:
Address:	Mailing Address (if different):
State, Zip:	
Cell Phone:	Home Phone:
Email:	Employer: FT/PT

Your Household

Property Type: House Apt/Condo Is this a Rental Property? Yes No

Landlord's name and number:

Have you researched your HOI/ HOA/ Landlord's pet policies? Yes No

Do you plan on de-clawing? Yes No Unsure

**A copy of your lease, written land lord approval, or proof of home ownership is required before adoption.*

Pet History Please list all pets (past and present) that you have owned in the past 5 years:

Name	Type	Age	Spayed/ Neutered?	Where is the animal now?	If this animal is currently in your home, are they good with cats? Please Circle	
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No

Veterinary Care If you have owned a pet in the past 5 years, who was their vet?

Clinic Name & Number:

NCAL Reference:

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References Please provide 2 references (1 family or friend, 1 coworker or neighbor)*They cannot be someone who lives in the household or significant other:

Name	Relationship to you	Number /Email	NCAL Log:

For the purpose of adopting an animal, the undersigned certify that the above statements are true and complete, authorize North Country Animal League, or its agents, to verify any information given, to obtain any past medical information from the veterinarian concerning current or previous

Signature:

Date:

animals. North Country Animal League reserves the right to: determine whether a given animal is suitable to the person, family, or lifestyle; to deny any adoption in the best interest of the animal.