East Greenwich Animal Protection League

44 Worthington Road, Cranston, RI 02920

Cat Adoption Questionnaire

Adoption Fee: CASH ONLY ***Adult Cats: $200*** ***Kittens: $300***

In order to adopt from EGAPL, you must:

1. Be 21 years of age and have the knowledge and consent of all adults in your household.
2. If you rent: Have the landlord's consent (copy of the lease) to bring an animal onto the property.
   If you own: Bring proof of home ownership (mortgage statement, tax bill etc.)
3. Have a collar/carrier for the cat.
4. Understand that the EGAPL has the right to deny your application.
5. Agree that EGAPL has the right to run a background check.
6. Provide up-to-date vet records for all animals currently in your home (vaccinations, spay/neuter etc.)

Date: _____ Interested In Adopting (please list names in order of preference): 1._____ 2._____ 3._____

Applicant Information

Full Name: _____ Date of Birth: _____
Last *First* *M.I.*

Driver's License: _____ *We are required to have proof of identification.*
State/ License #

Address: _____
Street Address *City* *State* *Zip Code*

Phone: _____(Home) _____(Cell)
_____(Work)

Email Address: _____

Employer's Name: _____

Occupation: _____

Where do you live? House ☐ Apartment ☐ Dormitory ☐ Mobile Home ☐ With Parents/Roommates ☐ Do you: Own ☐ Rent ☐

How long have you lived at this address?_____ Do you plan to move *in the near future?* Yes ☐ No ☐

Number of children in household:_____ Ages:_____

Do you or anyone living in your household have any known allergies to animals? Yes ☐ No ☐
If yes, to what kind of animal? _____ How severe? _____

Would you object to an in-home visit before final adoption? Yes ☐ No ☐

Are you looking for a: _____ Kitten _____Cat

Specific breeds/colors, etc: _____

Updated 4.1.18

Why are you interested in adopting a companion animal? (Check all that apply.)

_____Gift _____For a child _____Companion for me _____For Protection
_____To breed _____Companion for another pet _____Replace previous pet Other:_____

Please list all your companion animals, past and present.
Give as much information as possible about each one, starting with your present animals. (Name, Age, Male/Female, Neutered/Spayed, Current on Vaccinations, On Medication (Heartworm, Flea/Tick, Other), Surgical Alterations (i.e. tail docking, ear cropping, declawed))

_____

_____

_____

_____

Please answer the following questions regarding any cats, past or present, in your home.

Are any cats declawed? _____ Yes No

Are the cats _____Indoor? _____Outdoor? _____Both?

Are all the cats spayed or neutered? _____Yes _____No

Have they been tested for FIV (Feline AIDS) and Feline Leukemia? _____Yes _____No

If yes, do any cats have these diseases?_____Yes _____No

Are rabies and distemper shots up to date? _____Yes _____No

Who is, or will be, your veterinarian? (Name, Address, Phone) _____

_____

Does EGAPL have permission to contact your vet regarding past or present pets? _____ Yes _____No

What are your beliefs regarding spaying/neutering? _____

_____

Would you have your adopted cat/kitten declawed (surgery to remove claws)? _____Yes _____No _____Not Sure

If yes or not sure, circle the following circumstances under which you would need to declaw the cat:

Scratches me Scratches child Scratches my other pet Scratches furniture

Will be indoors so won't need claws Better to declaw than risk having cat scratch people/furniture

Other: _____

Where will your cat (and any existing cats) spend their days and nights? Select all that apply:

_____Indoors Only Outdoors Only Indoors at night Outdoors During Day
_____Screened Porch _____4-Season Porch _____Basement _____Single Room
_____Crated Garage _____Barn Other: _____

Which, if any, of the following behaviors/situations present a problem for you? How would you handle them?

_____Cat scratches furniture or wood _____

_____Cat urinates of defecates outside of litterbox _____

_____Cat scratches/nips you or a family member _____

_____Cat jumps on countertop_ _____

_____Cat goes outside_____ _____

Do you travel a great deal? Yes ☐ No ☐

If yes, how do you intend to provide for the cat while you are gone? _____

_____

Have you adopted from EGAPL or a different rescue group or shelter before? Yes ☐ No ☐

If yes, which group? _____ When? _____

Do you still have the animal? Yes ☐ No ☐ If no, what happened? _____

Have you ever surrendered a pet to a shelter or rescue group? Yes ☐ No ☐

If yes, what were the circumstances? _____

Have you ever surrendered a pet to a friend or family member? Yes ☐ No ☐

If yes, what were the circumstances? _____

Have ever had a cat/kitten go missing (ran away, hit by car, attached by another animal, etc.) Yes ☐ No ☐

If yes, what were the circumstances? _____

If costs $800 to keep a cat/kitten for a year. Can you afford this? Yes ☐ No ☐

Since many shelters have unknown medical backgrounds, are you prepared to provide and pay for any necessary medical treatment? Yes ☐ No ☐

Disclaimer and Signature

PLEASE READ CAREFULLY:

This application is designed to help us determine if the adoption is in the animal's best interest and to assist the potential adopter in finding an animal most compatible with his/her lifestyle. An unwise adoption can result in an unpleasant experience for adoptive families and may have a negative impact on the pet's chances for any further adoptions.

WE HOPE YOU WILL AGREE THAT THE ANIMAL'S WELFARE MUST BE OUR FOREMOST CONSIDERATION.

I understand the above questions. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts requested is cause for denial of adoption.

I also understand that the adoption fee is not refundable if cat is returned.

_____ _____

Signature *Date*

Return completed form to the Cat Adoption Coordinator.

Updated 4.1.18

For EGAPL Use Only

_____ Landlord Verification or Proof of Ownership Provided

_____ Veterinary Records Provided

_____ Cat Carrier

_____ Adoption Fee Provided in Cash

Approval By: _____