



# East Greenwich Animal Protection League

44 Worthington Road, Cranston, RI 02920

## Cat Adoption Questionnaire

Adoption Fee: CASH ONLY

Adult Cats: \$225

Kittens: \$325

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: \_\_\_\_\_

Last

First

M.I.

Date of Birth: \_\_\_\_\_

Driver's License: \_\_\_\_\_

State/ License #

We are required to have proof of identification.

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: \_\_\_\_\_

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))

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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) \_\_\_\_\_

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Does EGAPL have permission to contact your vet regarding past or present pets? ☐ Yes ☐ No

What are your beliefs regarding spaying/neutering? \_\_\_\_\_

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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 or 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 \_\_\_\_\_

Return completed form to the Cat Adoption Coordinator.

Date \_\_\_\_\_

**For EGAPL Use Only**

\_\_\_\_\_ Landlord Verification or Proof of Ownership Provided

\_\_\_\_\_ Veterinary Records Provided

\_\_\_\_\_ Cat Carrier

\_\_\_\_\_ Adoption Fee Provided in Cash

Approval By: \_\_\_\_\_