



### RCHS Cat/Kitten Adoption Questionnaire

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

Physical

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

\_\_\_\_\_  
\_\_\_\_\_

Email address: (please print clearly) \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work/Cell Phone Number: \_\_\_\_\_

Which is the best number to reach you at during the daytime?: \_\_\_\_\_

Are you a homeowner? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please skip to page 2.

Do you rent? Yes: \_\_\_\_\_ No: \_\_\_\_\_

How long have you lived at your current address?: \_\_\_\_\_ If less than 3 months, please provide information from you previous address. \_\_\_\_\_

\_\_\_\_\_

Please list the name and telephone contact information for your current landlord:

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

Are you a college student? \_\_\_\_\_ What year? \_\_\_\_\_

What College/University do you attend? \_\_\_\_\_

If there are children under the age of 4 in the household, please list them by name and age below:

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Please list all animals that have lived in your home for the past 3 years.

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Age: \_\_\_\_\_  
Spay/Neuter?: \_\_\_\_\_ Still with you? \_\_\_\_\_

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Spay/Neuter?: \_\_\_\_\_ Still with you? \_\_\_\_\_

What veterinarian do you take your animals to and what name are they listed under?

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*An Adoption Counselor may be calling your veterinarian to confirm that your animal(s) receive annual wellness exams.*

Please tell us whether cats should live indoors or out and what declawing means to you.

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***My signature below certifies that the above information is true. It also gives written permission for my veterinarian to release all information requested by the RCHS pertaining to animals I own or have owned, and gives RCHS permission to contact my landlord.***

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Signature

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Date