



## The Lost Dog & Cat Rescue Foundation (LDCRF)

P. O. Box 223953 - Chantilly, VA 20153-3953  
(703) 295-DOGS [www.lostdogrescue.org](http://www.lostdogrescue.org)

Date: \_\_\_\_\_  
Time: \_\_\_\_\_

### Cat Adoption Questionnaire

Welcome to the Lost Dog & Cat Rescue Foundations' (LDCRF) Adoption Program. This form and a consultation with a LDCRF representative are designed to help you find the cat most compatible with your lifestyle. Completion of this application does not guarantee adoption of an LDCRF cat. Please complete the following questions completely to the best of your knowledge. Thank you!

#### In order to be considered as an adopter you must:

- Be 21 years of age or older
- Have a valid identification showing your address and your age
- Have the knowledge and consent of your landlord
- Be able and willing to spend the time and money necessary to provide training, medical treatment and proper care for a cat

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

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

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

Cell Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Animal of Interest: \_\_\_\_\_

Other: \_\_\_\_\_

Describe in detail the type of cat you're looking for: \_\_\_\_\_

Would this be your first cat? \_\_\_\_\_

What kind of pets have you had in the past? \_\_\_\_\_

Which of these do you still have? *(Include age, sex and breed)* \_\_\_\_\_

Have they been spayed or neutered? *(circle)* Yes No Don't know

Are they current on vaccinations? *(circle)* Yes No Don't know

Have they been tested for Feline Leukemia? *(circle)* Yes No Don't know

Have they been tested for FIV (*Feline Immunodeficiency Virus*)? *(circle)* Yes No Don't know

Are they de-clawed? *(circle)* Yes No Don't know

If yes, is the cat de-clawed on: \_\_\_ the front paws \_\_\_ all four paws

What happened to the ones you no longer have? \_\_\_\_\_

If you have pets, will they adjust to a new cat in the house? *(circle)* Yes No Don't know

Why do you want this cat? *(circle all that apply)* Companion Companion for other pet House Pet

Barn cat Mouser Office cat Other

If other, explain: \_\_\_\_\_

How many adults are there in your home? \_\_\_\_\_

How many children? \_\_\_\_\_ Children's ages: \_\_\_\_\_

Are all the adults in your household aware that you are considering adopting a pet? *(circle)* Yes No

Does any member of your household have an allergy to cats? *(circle)* Yes No Don't know

Is someone home during the day? *(circle)* Yes No Don't know If yes, who? \_\_\_\_\_



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How many hours each day will the cat be without human companionship? \_\_\_\_\_

Explain: \_\_\_\_\_

Which do you live in? (circle) House Apartment Condo Mobile Home Other

Do you own or rent your home? (circle) Own Rent

If you rent, may we contact the owner/landlord to obtain permission for this cat to live in your home? (circle)

Yes No

Owner/landlord's name and phone number: \_\_\_\_\_

Will you keep your cat: (circle all that apply) In the house Outdoors With free access indoors and out

In the barn Other If Other, explain: \_\_\_\_\_

Do you have a dog or cat door? (circle) Yes No

Will you have the cat de-clawed? (circle) Yes No Maybe

How much are you willing to spend on medical bills for your cat? (circle) Up to \$100.00 Up to \$200.00

Up to \$500.00 What ever it takes

What would you do if the vet bills go over this amount? \_\_\_\_\_

Who is your veterinarian? \_\_\_\_\_ City or town: \_\_\_\_\_

If you go away for a few days, or on a vacation, who will take care of the cat? \_\_\_\_\_

If you move, will you take the cat with you? (circle) Yes No

Have you ever applied to adopt an animal from LDCRF before? (circle) Yes No

If yes, when: \_\_\_\_\_

Are you willing to have a representative of LDCRF come to see where the cat will be living? (circle) Yes No

Are you willing to take the responsibility for this cat for the next ten to twenty (or more) years? (circle) Yes No

What provision will you make for the cat should you become unable to care for him/her? \_\_\_\_\_

Comments by applicant: \_\_\_\_\_

*We do not guarantee the health of any animals adopted. Any time you adopt an animal, you should take it to a veterinarian as soon as possible. Your animal has been examined by a veterinarian, but will need to be started immediately on a program of preventative veterinary care.*

\_\_\_\_\_ Initials

*Please be aware that the animals available for adoption are rescue animals and, as such, have often been exposed to a variety of diseases. Like human illnesses, these disorders can have an incubation period of up to several weeks. If the animal you adopt shows signs of illness at any point, please take it to a veterinarian for treatment immediately.*

\_\_\_\_\_ Initials

*I certify that the information above is true and understand that false information will result in nullification of this adoption.*

Prospective Adopter Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1<sup>st</sup> Interviewer Approval: \_\_\_\_\_ Date: \_\_\_\_\_

2<sup>nd</sup> Interviewer Approval: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about LDCRF? (circle) Washington Post PetFinders.com Friend Other: \_\_\_\_\_