

I am interested in:

Belle (F) Bea (F) Butterball (M) Leah(F) Wolfe(F)

Belle's Kittens

Looking for the perfect forever Home

Pre-Adoption Questionnaire

Feline Information		
Cat Name	Rabies Tag Number	Microchip number

About you and your family			
Name	Name of spouse/roommate/parents	Number of adults in home	Number/ages of children
Address	City	State/zip code	
Home phone	Cell phone	email	
Occupation	Employer	Work phone	
Spouse/Roommate Occupation	Employer	Work phone	
Type of Dwelling: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Duplex <input type="checkbox"/> Mobilehome		Do you: <input type="checkbox"/> rent <input type="checkbox"/> own	
Landlord's Name	Landlord's phone#	How long have you lived at this address? / Are pets allowed in your building? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this your: <input type="checkbox"/> permanent address <input type="checkbox"/> temporary address?		Are you planning to move within 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you hear about Belle and her Kittens?			

About your current/former animals					
List your current/former pets. If you currently have other pets in your home, are they friendly to other cats?					
Cat/dog	Breed	Sex	Age	How long living with you?	What happened to them?
If you have current pets are they? <input type="checkbox"/> Indoor only <input type="checkbox"/> Indoor/outdoor <input type="checkbox"/> Outdoor only				Do you have a pet door <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are your current pets spayed or neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why not?			Are your current pets up to date on vaccines? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why not?		
Do you have a regular veterinarian? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name and phone number of vet/clinic			

Adoption Information	
My primary reason for adopting this cat is...	What attracted you to this cat in particular?
Is anyone in your household allergic to cats? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who will be primarily responsible for the care/supervision of this pet?
Who are you adopting this pet for? <input type="checkbox"/> Self <input type="checkbox"/> Child(ren) <input type="checkbox"/> Gift <input type="checkbox"/> Friend for another pet <input type="checkbox"/> Other	
Will your cat live: <input type="checkbox"/> indoor <input type="checkbox"/> outdoor <input type="checkbox"/> indoor/outdoor	We encourage indoors only.
Where will this cat be during the day?	Where will this cat be at night?

Adoption information (Continued)

How many hours during the average day will this cat spend without a human?	
What will happen to this cat when you go on: <input type="checkbox"/> vacation <input type="checkbox"/> business travel <input type="checkbox"/> emergency?	
What will happen to this pet if you are no longer able to care for him/her?	
Do you currently have a declawed cat or have you owned a declawed cat in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you considering declawing this cat? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, for what reason would you declaw?
Are you prepared to accept the cost of a new cat in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cats can live 15-20+ yrs. Are you willing to take responsibility for this cat for its lifetime? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do all members of your household understand that it takes time for a cat to adjust to a new environment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you willing to spend the time and effort helping this cat adjust to your home and lifestyle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Under what circumstances would you not keep this cat?	
If the cat became destructive what would you do?	What will happen to this cat if you need to move?
Have you ever had to give up or rehome an animal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is yes, why?
Have you ever surrendered a pet to a shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is yes, why?
Would you object to a home inspection by Belle's staff or volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

I hereby state that the information I have provided on this Form is true and correct, and I understand that false information may result in nullification of this adoption.

Signature (must be 18yrs of age) _____ Date _____

Belle's Staff/Volunteer use only		
Staff/Volunteer name	Pick up date	Scanned/Updated <input type="checkbox"/> Yes <input type="checkbox"/> No
Landlord approval <input type="checkbox"/> Yes <input type="checkbox"/> No	Adoption approval <input type="checkbox"/> Yes <input type="checkbox"/> No	Shelter Notes:

Please return completed form to **info@prioritypetservices.com**. If you have questions, please contact Jonann Wild at 202-669-6977 or email her at **info@prioritypetservices.com**. Thank you.