

Kitty City

ADOPTION QUESTIONNAIRE FOR POTENTIAL CAT PARENTS

HHH Miniature Horse Rescue/Kitty City
PO Box 4125
Bismarck, ND 58502
4747 22nd Ave
Mandan, ND. 58554
701-220-4449 Or 701-400-5796
hhmhr@mac.com

Personal Information

Name: _____

Home Phone: _____ Cell phone: _____

Email address: _____

Spouse's name (if applicable): _____

How many children are in your home? _____ Ages: _____

Are there any other people residing in your home? Please list names and relationships: _____

Employer Name: _____ Phone: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

How long have you worked there? _____

Residential Information

Home Address: _____

City: _____ State: _____ Zip: _____

Is this the address where the pet will live? _____

How long have you resided at this address? _____

If less than two years, what was your previous address? _____

City: _____ State: _____ Zip: _____

Do you rent or own? _____ Apartment _____ House _____ Condo _____ Manufactured home _____

If renting, what is your landlord's name? _____

Landlord's phone number: _____

Do you have your landlord's permission to have a pet? _____

What will happen to the cat if you move? _____

Other Adoption Information

What do you think makes this particular cat a good choice for you? _____

Do you have experience with this breed of cat? _____

Do you have a fence around your yard? If so, please describe: _____

How will you exercise your pet? _____

How many hours are you away from home during the average work day? _____

Where will your pet be kept during that time? _____

Where will your pet sleep at night? _____

Do you have other pets in your home? Please list: _____

Are all pets current on their vaccinations? _____

Veterinarian's name, if you have one: _____

City: _____ Phone number: _____

Does anyone in the household have allergies? _____

Does anyone in the household have asthma? _____

Have you or anyone in your household ever been convicted of animal cruelty, neglect or abandonment?

Have you ever had to give up a pet? Please explain: _____

Additional information: _____

Personal References

Please list two references know you well, who do not live with you and did not accompany you to the shelter.

Name: _____ Phone number: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone number: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

I, (name) _____ certify that all information provided on this form is true. I give permission to Rescuer to verify information as needed. I understand that a home check also may mandatory prior to adopting a pet. Any false statement will terminate potential adoption.

Signature: _____ Date: _____