



Name of animal you are interested in: _____

A cat may live for 20 or more years.

We hope you are prepared to make a commitment to this pet for its lifetime.

Our primary focus of concern during the adoption process is the future welfare of the animals we have rescued. All of our cats are indoor pets only; their primary living space will not be outside, in a basement, garage, screened in porch, or any area other than the main living quarters. We ask that you answer the following questions. Please do not consider this an invasion of your privacy. We want this to be a wonderful experience for you and your family, but our primary responsibility is the future health, welfare and happiness of the animals in our care. Often we get multiple questionnaires filled out for the same pet. When this occurs, we will consider all inquiries and select the home that we believe is best suited to meet the needs of the pet. Questionnaires that are not entirely filled out will not be considered.

Filling out this questionnaire does not guarantee your adoption of this pet.

POTENTIAL ADOPTER

Your Name _____ Home / Cell Phone # _____

Address _____ City _____ State _____ Zip _____

Email Address _____

Will the animal live at the address listed above? Yes No

Are you under 18 years of age? Yes No

How long have you lived at the above address? _____

Check one: House Condo Apartment Townhouse Mobile Home

Do you: Own Rent Live with parent's Live with roommate(s)

If you rent, do you have the landlord/manager's permission to have a pet? Yes No

If yes, Please provide the name and phone number of manager/landlord so we can confirm the pet policy?

How many adults live in your household? _____ Do they all want a pet? _____

Are you employed? Yes No Where? _____

How long? _____ Work Phone # _____

Do you or your spouse/partner have a job that requires relocation? Yes No



Name of animal you are interested in: _____

If so, how often do you relocate? _____

If you relocate, what will you do with your new pet? _____

Who will be the primary caregiver of the pet? _____

How many children? _____ please give ages: _____

Do you or anyone in the family have allergies to animals? ____ Yes ____ No

ABOUT OWNING A PET

Please check the reason for adopting a new pet: ____ Family pet ____ Companion for another pet

____ Companion for you if other, please explain: _____

It may take your new pet a month or longer to adjust to its new home. Are you prepared to allow this much time? ____ Yes ____ No Concerns? _____

Type of street you live on: ____ Busy ____ Slight traffic ____ Country ____ Residential neighborhood

Where will your new pet live? _____

Where will your pet stay when no one is at home? _____

How many hours a day will your pet spend alone? _____

How will your pet be cared for when you are out of town? _____

How many hours of socialization a day will you provide? _____

What activity level do you think this pet will have once he/she is an adult? ____ Low ____ Moderate ____ High

How do you plan to exercise your pet? _____

If the animal you are considering adopting is a kitten, what size adult cat do you think he/she will grow

Up to be? ____ Small ____ Medium ____ Large

As a potential new pet owner, what behaviors are you not willing to tolerate from a pet?

What will you do to correct the behaviors you have just listed? _____



Name of animal you are interested in: _____

What could happen to this animal if you do not?

Keep the vaccinations current? _____

Give it flea and tick preventative? _____

The cost of owning a kitten/cat can be estimated at \$100-\$500 per year.

ABOUT YOUR CURRENT OR PAST PETS

Are you a first time pet owner? ____ Yes ____ No

Have you ever adopted a pet from GHHS or another humane society? ____ Yes ____ No

Provide details: _____

How many pets do you have now? _____ Are they all spayed or neutered? ____ Yes ____ No

What are their names and breeds? _____

Please give history of previously owned (no longer living in the home) pets and what happened to them:

Did any of the previous pet die of Parvo, Distemper, Heartworms, Feline Leukemia, FIV or any unknown disease in the past 12 months? ____ Yes ____ No ____ if so, where did these animals live? ____ Indoor ____ Outdoor ____ Both

Are they current on all their vaccinations? ____ Yes ____ No

Do you plan to declaw your kitten/cat? ____ Yes ____ No

Do you use heartworm prevention and flea/tick prevention? ____ Yes ____ No

If so, which brands do you use? _____

Have you ever turned an animal in to a humane society, animal control (pound) or euthanized an animal? ____ Yes ____ No Please explain: _____

Do you realize that if your pet is not provided with the appropriate attention and affection, he/she may experience loneliness, boredom, frustration, depression, etc.; this may translate into your pet's destructive behavior such as inappropriate scratching, urinating, aggression, etc.? ____ Yes ____ No

Do you realize that young children should not be left unsupervised with any animal? ____ Yes ____ No



GEORGIA HEARTLAND HUMANE SOCIETY
 P.O. Box 72197 Newnan, GA 30271-2197
 PH: 770-830-2820
 www.georgiaheartlandhumanesociety.org
 Kitten / Cat PRE-ADOPTION QUESTIONNAIRE



Name of animal you are interested in: _____

Do you realize that proper pet care includes planning and providing for your pet’s needs? This includes making kennel reservations when you plan your family vacation, visiting the veterinarian if your pet acts unusual, scheduling an annual exam BEFORE their vaccine expires, etc. ____ Yes ____ No

GHHS REQUIREMENTS

We make a home visit prior to placing cats. Do you consent to a home visit as part of the pre adoption process? ____ Yes ____ No

Please list convenient days and times: _____

If you have existing pets we like to bring the new cat to make sure they will get along. Do you consent to the new cat coming to the home visit? ____ Yes ____ No

We verify previous veterinary histories. Do you mind if we check with your veterinarian(s)? ____ Yes ____ No
 Which veterinarian’s practice /Clinic have these animals received their care? Please give the name and phone number: _____

Some veterinarians require your authorization to speak with us will you contact them and provide that authorization? ____ Yes ____ No

Your application will not be processed without a veterinarian reference from a clinic that you have used and that can verify the treatment that your past and present pets have received, unless you are a first time pet owner. First time pet owners without a veterinary reference must consent to three and six month home visits and wellness check for their new pet.

This form is property of Georgia Heartland Humane Society and will not be shared with any other individual or rescue group.

Potential Adopter’s Signature _____ Date _____

GHHS Adoption Coordinator _____ Date _____

Your signature above guarantees that the information you have provided is accurate and truthful.