



FOR STAFF USE ONLY Cat's Name: \_\_\_\_\_ Control # \_\_\_\_\_

# CAT ADOPTION QUESTIONNAIRE

**Thank you for visiting the Greenwood County Animal Shelter in your search for a new pet!**  
Before you adopt a pet from this facility, we ask you to complete this form. Humane Society of Greenwood Adoption Counselors consult this information to ensure the animal you want to adopt is best suited for your home and lifestyle.

**How did you hear about The Humane Society of Greenwood (HSOG), or the pet you are interested in adoption?**

- Saw pet at adoption center
- Other website
- From a friend
- HSOG website
- Pet Of The Week
- Other \_\_\_\_\_

**Have you ever adopted from HSOG?**  No  Yes, when? \_\_\_\_\_

**Have you ever turned in animals to an animal shelter?**  No  Yes, when and why? \_\_\_\_\_

**Please fill out the following about you current pets:**

Pet's Name	Type or Breed	Age	Sex	Spayed or Neutered?	If no longer owned, what happened to pet?	Rabies Vacc Current?(Y/N)

**What is the name of your veterinarian/veterinary hospital?** \_\_\_\_\_

**Does any member of the household have animal-related allergies or asthma?**  Yes  No

**How much do you anticipate spending yearly\* on this pet** (food, veterinarian, toys, emergency, etc.)? \_\_\_\_\_  
*(\*The average annual cost to care for a cat is \$640.)*

**Do you live in a:**  House  Apartment  Dormitory  Duplex/Townhouse

With Parents  Mobile home – Name of park \_\_\_\_\_

**Do you rent?**  No  Yes If yes, Landlord's name \_\_\_\_\_ Phone \_\_\_\_\_

**How long have you been at this address?** \_\_\_\_\_ **Who will be financially responsible for pet?** \_\_\_\_\_

**How many children are in the household?** \_\_\_\_\_ **Age(s) of children?** \_\_\_\_\_

**Would you consent to a home visit?**  Yes  No

**Do you now or have you ever had your cat(s) declawed?**  Yes  No

**By signing, I affirm I am 21 years of age or over, and the information contained on this form is true to the best of my knowledge. I understand that the Humane Society of Greenwood Adoption Counselors may approve or deny an adoption based on this or other information during my visit. Should I be approved for adoption, I understand that I will be required to make a substantial commitment of time and money to this animal for up to 20 years.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Counselors: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_ PetPoint Verified: \_\_\_\_\_

Driver's License/I.D. Number: (include State of issue) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Approved:  Yes  No HSOG Signature: \_\_\_\_\_ Date: \_\_\_\_\_