

STAFF USE ONLY	
Date _____	Vet Check _____
Cat Name _____	Landlord Approval <input type="checkbox"/> Yes <input type="checkbox"/> No
Driver's License No. _____	STAFF INITIALS _____
APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/>	

TEN LIVES CLUB ADOPTION INTERVIEW QUESTIONNAIRE

Please answer ALL questions - You MUST be 21 years or older to adopt

BASIC INFORMATION

Date _____

Name _____

Street Address _____ Apt. Number _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Phone numbers for all other adults in the home (**ALL ADULTS MUST BE IN AGREEMENT ON THE ADOPTION**)

REFERENCES (Do NOT list someone who is present with you today)

1. Name _____ Phone No. _____ Relationship _____

2. Name _____ Phone No. _____ Relationship _____

3. Veterinarian Name / Phone No. _____

YOUR HOME / HOUSEHOLD MEMBERS

1. Do you: ☐ Own your home ☐ Rent a house, apartment, etc.

a. Are you **personally** the home owner? ☐ Yes ☐ No

b. If not, list the name and phone number of the homeowner/landlord: _____

2. Where will the cat reside? (Indoor, outdoor, both) _____

a. If outdoors, please give details about shelter and access to food and water that will be provided:

3. Do you plan to move in the near future? ☐ Yes ☐ No

4. Please list all other members of the household and their ages: _____

5. Please list any other pets living in your household: _____

6. Does anyone in the household have animal allergies? How are they managed? _____

5. Is everyone in the home 100% in agreement and committed to this cat adoption? ☐ Yes ☐ No

ANIMAL DETAILS

1. Why are you looking to adopt a cat? _____

2. What kind of cat are you looking for? (Color, age, personality, etc.) _____

3. Which cat(s) are you interested in today?

4. Are your current pets all spayed/neutered? ☐ Yes ☐ No
5. Have you ever given up a pet to a shelter or other person? ☐ Yes ☐ No
- a. If yes, please explain: _____
6. How long will the cat be alone each day without human interaction? _____
7. Where will this cat be kept during your sleeping hours? _____
8. What do you think the average cost per year will be for this cat? Please list anticipated expenses: _____
9. What do you consider to be a reasonable amount of time for your new cat to adjust to life in your home? _____
10. If your cat has or develops behavioral issues (urinating, chewing, scratching, excessive meowing, etc.), how will you address? _____
11. If life-changing events should happen (moving, divorce, kids moving out, losing a job, serious illness, having new children, etc.) that makes this cat an obstacle or inconvenience, what would you do? Please elaborate on individual circumstances that you feel may affect your ability to care for your pet: _____
12. What will happen to your pet(s) should you pass away or have to move into housing that does not permit animals? _____
13. What circumstances might cause you to return this cat to Ten Lives Club? _____
14. The average life expectancy for a cat is 15 to 20 years. Are you prepared to care for this pet for its entire life?
- ☐ Yes ☐ No

BY SIGNING BELOW YOU AGREE:

- All applications are subject to review by the Store Manager and may not always be reviewed on this specific day
- You understand that if this adoption does not work out for any reason, the cat must be returned to the **Ten Lives Club shelter in Blasdell, NY** and no refunds will be given
- Your signature indicates that you fully understand all previous questions and have answered them honestly
- You understand that Ten Lives Club reserves the right to refuse any applicant for any reason
- Applications are not "first-come, first-served", but are based on the best home for each cat and the best fit for each household
- You certify that you are at least 21 years old

Applicant's Signature

Date