



# Cat Adoption Questionnaire

Please give application to Petco staff or email to [nbspca48@gmail.com](mailto:nbspca48@gmail.com)

Cat Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

About you	Name _____
	Home Phone _____
	E-mail _____
	Emergency contact for Microchip _____

About your home	Address _____				
	City _____	State _____	Zip _____		
	Do You	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Live with Parents	<input type="checkbox"/> Other
	Type of Residence	<input type="checkbox"/> RV	<input type="checkbox"/> Single Family	<input type="checkbox"/> Townhouse	<input type="checkbox"/> Apartment
Condo <input type="checkbox"/> Other					
Property Owner/Landlord: (If you own your home, indicate 'self')					
Name _____ Number _____					

Others in your home	Please list adults and children, other than yourself, in your home													
	<table border="1"><thead><tr><th>Name</th><th>Age</th></tr></thead><tbody><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></tbody></table>		Name	Age										
	Name	Age												
Is everyone in the household aware of and in agreement with this adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No														

About your other pets	Please list any other pets you currently own					
	Name	Species and Size/Breed	Age	Neutered/Spayed	Length of time owned	STAFF ONLY Rabies/License
Veterinarian Name: _____ Number: _____						
Have you adopted from New Beginnings SPCA before? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, when? _____						

About this adoption	Why do you want to adopt this particular cat?			
	How many hours will the cat be left alone each day?			
	Will the cat primarily live:	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	<input type="checkbox"/> Both
	Do you plan to declaw this cat?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe
	What energy level would prefer?	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
	What type of enrichment activities will you provide for your cat?			
What kinds of medical and/or behavioral needs are you <b>NOT</b> comfortable managing?				
List any additional details about your home and what you want from your new cat:				

Certification	<i>I certify that all information provided is true and understand that false information may nullify this application. I authorize New Beginnings SPCA to verify the above information. By Signing or typing my name and selecting the checkbox below I am signing this form electronically, and I agree that my electronic signature is the legal equivalent of my handwritten signature.</i>		
	<input type="checkbox"/>	Name: _____	Date: _____

Disclosures	<b>Adoption Requirements</b>		<b>Adoption Fees</b>
	<ul style="list-style-type: none"> <li>- Be at least 21 years of age with current photo ID</li> <li>- Verified permission from property owner/landlord</li> </ul>		Cats and kittens up to 2 years old: \$65 or two to the same home: \$100 2 to 3 years old: \$55 3 to 4 years old: \$45 4 years & older or special needs: \$35
	<b>Petco</b> Would you like to opt-in to the Petco Pals Rewards program to get rewards on purchases, special savings, and members-only emails and offers for your new pet?		<b>24PetWatch Microchip</b> With your 24PetWatch microchip, we offer you free lost pet services, as well as exclusive offers, promotions, and the latest information from 24PetWatch regarding microchip and insurance services. Pethealth Services (USA) Inc., Pethealth Services Inc., PTZ Insurance Service Ltd. and PTZ Insurance Agency Ltd. may contact you via commercial electronic messages, automatic telephone dialing systems, pre-recorded/automated messages or text messages at the telephone number(s) provided above, including your mobile number. These calls or emails are not a condition of the purchase of any goods or services. You understand that if you choose not to provide your consent, you will not receive electronic enrollment notification regarding the trial/gift/voucher of insurance and/or free lost pet services which includes being contacted with information in the event that your pet goes missing. You may withdraw your consent at any time.
	<b>New Beginnings SPCA</b> <b>(541)529-9616</b> <b>PO Box 1494</b> <b>Roseburg, OR 97470</b>		Consent to contact: <input type="checkbox"/> Yes <input type="checkbox"/> No Initial Here: _____
	 <a href="http://www.NewBeginningsSPCA.com">www.NewBeginningsSPCA.com</a>		