

5055 Hallowing Point Road  
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Director, Department of Public Safety  
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*Board of Commissioners*  
Mark C. Cox Sr.  
Catherine M. Grasso  
Earl F. Hance  
Mike Hart  
Todd Ireland

## Cat Adoption Questionnaire

Animal Name(s): \_\_\_\_\_

     (initials) In order to accommodate all visitors, we must limit meet and greets to a maximum of 3 animals per visit and 10 minutes per animal. In addition, meet and greets will end 15 minutes prior to closing. Thank you for your understanding.

### Personal Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_ DL#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you planning to move in the next 6 months? (circle one)    YES    NO

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Have you owned a cat before? (circle one)    YES    NO

### Let's Make a Purrfect Match!

I have interest in a particular cat because \_\_\_\_\_

The most important thing I want in a cat is \_\_\_\_\_

Are you listed at the titleholder of your house or do you rent? (circle one) OWN RENT

If you rent, does your rental agreement allow you to have animals? YES NO UNSURE

Landlord Name or Rental Property: \_\_\_\_\_ Phone: \_\_\_\_\_

**We require consent from the titleholder or landlord of the property to adopt an animal**

**Who lives with you in your home? (please list all family members/roommates):**

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**Are there children in your home?** YES NO

**If yes, what are their ages?** \_\_\_\_\_

**I am adopting a cat as a:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Companion for me | <input type="checkbox"/> Companion for my other animal(s) | <input type="checkbox"/> Companion for my family |
|---|---|--|

**I consider my home to be:**

- |                                       |  |   |
|---------------------------------------|--|---|
| <input type="checkbox"/> Calm & quiet | <input type="checkbox"/> Sometimes quiet/sometimes noisy | <input type="checkbox"/> Busy; people coming & going, plenty of noise |
|---------------------------------------|--|---|

**My cat needs to be able to be alone:**

- |   |                                  |   |
|---|----------------------------------|---|
| <input type="checkbox"/> Less than 4hrs at a time | <input type="checkbox"/> 4-8 hrs | <input type="checkbox"/> 8+ hrs at a time |
|---|----------------------------------|---|

**I want my cat to interact with guests:**

- |                              |                                   |  |
|------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No / Doesn't matter |
|------------------------------|-----------------------------------|--|

**I want my cat to be active:**

- |                                    |                                   |  |
|------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Yes, very | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No / Doesn't matter |
|------------------------------------|-----------------------------------|--|

**I want my cat to enjoy being held:**

- |                                |                                    |                                 |
|--------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |
|--------------------------------|------------------------------------|---------------------------------|

**My cat will live:**

Indoors only

Indoors/outdoors

Outdoors

**My cat needs to be comfortable with:**

Other cats/small animals

Dogs

Doesn't Matter

Children

**Do you have other animals?**

YES

NO

**Please list all animals you currently have or have had within the past 5 years:**

Current Pet? Y/N	Name	Species/Breed	Spayed/ Neutered?	Declawed ?	Owned for how long?

How much do you expect to spend on your cat each year? \_\_\_\_\_

Is there a situation in which you would not be willing or able to keep your cat? \_\_\_\_\_

Where will the litterbox be located? \_\_\_\_\_

I certify that all information provided is true and understand that false information may nullify this application and I authorize the Linda L. Kelley Animal Shelter to verify the above information. I understand that this questionnaire becomes a part of the adoption contract. I, as well as the individuals with me, fully assume all the risks involved with interacting with an animal. I, as well as the individuals with me, agree to follow the rules and safety instructions as given by LLKAS employees and volunteers authorized to act in a supervisory capacity.

Signature \_\_\_\_\_ Date \_\_\_\_\_