



Octavio Feline Foundation, Corp.

P.O. Box 440738 - Miami, Fl. 33144

305-267-0511

Adoption Questionnaire

Name _____	Date _____	
Address _____	Zip code _____	
Home Phone _____	Work Phone _____	Cell _____
E-mail: _____		
Are you 18 years of age or over? Yes () No () Are you a student? Yes () No ()		
Please list 2 references with daytime phone numbers (NO –family members, please)		
1. _____	Phone _____	
2. _____	Phone _____	

1. What cat/s are you interested in? (1) _____ (2) _____
2. Are you prepared to care for this cat for the rest of her/his life (10-15 yrs)? Yes () No ()
3. Do you own or rent your home? Own () Rent ()
4. If you are currently renting, what is your landlord's name? _____
Phone number? _____
5. Please indicate the number of household members: Adults _____ Children _____
What are the ages of the children? _____
Are all household members aware of this adoption? Yes () No () If no, please explain:

6. Have you ever owned a cat? Yes () No () If yes, what happened to them:

7. How many animals do you have right now? Cats _____ Dogs _____ Other _____
Are they spayed or neutered: Yes () No () If not, why: _____
8. Did you have cats in the past? Yes () No ()
If they are no longer with you, where are they now? _____
If you never had a cat before, did you know if you might be allergic to cats: Yes () No ()
9. Where does your cat reside? Indoors only () Outdoors only () In & Out ()
If outside, is the cat contained? Yes: Cattery () Leash () No ()

10. Name, address and phone number of your veterinarian: _____

11. Where will this cat be during the day/night? Indoors only () Outdoors only () In & Out ()

12. Are you having this cat declawed? Yes () No () Don't know yet ()

13. What kind of food will you give to your cat: Dry _____ Canned _____ Both _____

14. What traits would you find unacceptable? Not litter box trained () Shedding ()
Not good with children () Jumping on counters/tables ()
Scratching at furniture ()

15. Do you smoke? Yes () No ()

Does any other family member living in the same household smoke? Yes () No ()

Please read carefully and sign

I, the undersigned, understand that, as part of the Octavio Feline Foundation follow-up program, the Octavio Feline Foundation or its designated volunteers will phone and/or visit me within the next couple of months to see how the cat is progressing and to help me with any concerns or problems I might have. If this cat is missing, I agree to report this to the Octavio Feline Foundation within 12 hours. If this cat does not work out in my home for any reason, I agree not to release her/him to anyone, but will return her/him to Octavio Feline Foundation. I hereby authorize Octavio Feline Foundation to check/verify the above given information/references.

Signature: _____ **Date:** _____

Print name: _____

OFFICE USE ONLY

Adoption: Approved () Refused () **Foster parent:** _____

If refused, reason: _____

Date contacted: _____ Staff initial: _____

Special info to give at adoption: _____

Follow up: _____ Date: _____