



# Octavio Feline Foundation, Corp.

P.O. Box 440738 - Miami, Fl. 33144 786-752-2122 – Fax 305-269-9317

## Adoption Questionnaire

Name _____	Date _____	
Address _____		
City _____	St _____	Zip code _____
Home Phone _____	Work _____	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. If you never had a cat before, do you know if you might be allergic to cats: Yes ( ) No ( )
8. How many animals do you have right now? Cats \_\_\_\_\_ Dogs \_\_\_\_\_ Other \_\_\_\_\_  
Are they spayed or neutered: Yes ( ) No ( ) If not, why: \_\_\_\_\_
9. If you have cats now, where does your cat reside?  
Indoors only ( ) Outdoors only ( ) In & Out ( )
10. Have your cat(s) been tested for FIV/FelV? Yes ( ) No ( )  
Are they up to date with their shots? Yes ( ) No ( )

11. Name, address and phone number of your veterinarian: \_\_\_\_\_  
\_\_\_\_\_

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

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

14. What kind of food will you give to your cat: Dry \_\_\_\_\_ Canned \_\_\_\_\_ Both \_\_\_\_\_

15. What traits would you find unacceptable?

Not litter box trained ( ) Shedding ( )

Not good with children ( ) Jumping on counters/tables ( )

Scratching at furniture ( )

16. 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: \_\_\_\_\_