



c/o Summer Wind Farm
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FACEBOOK: <http://www.facebook.com/TheFoxieGFoundation>
PETFINDER: <http://www.petfinder.com/shelters/MD387.html>

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2016 CAT ADOPTION QUESTIONNAIRE

Date: _____
Name: _____ Email: _____
Phone: Home: _____ Work: _____ Cell: _____
Address: _____ City, State, Zip: _____
Ages of Children: _____ Number of unrelated residents: _____
Housing Situation
 Own Rent** How Long? _____
 Single Family Home Townhouse Condominium Apartment / Condo Complex:
Landlord Name / Number: _____ Subdivision Name: _____

**** If you are renting, we will need to see a copy of your lease with a pet clause!**

Please complete this questionnaire in its entirety. Incomplete questionnaires cannot be considered. The Foxie G Foundation is searching for "Forever Homes" for the pets we place. If you are not prepared to accept a lifetime (companion animals can live 15 – 20 years) of loving commitment to an adoptive pet, please look elsewhere.

We do not guarantee the health of any animals offered for adoption. Any time you adopt an animal, you should take it to a licensed veterinarian as soon as possible. Your animal is, to the best of our knowledge, healthy, but will need to be started immediately on a program of preventative veterinary care. Please be aware that the animals available for adoption are rescue animals and, as such, have often been exposed to a variety of diseases. Like human illnesses, these disorders can have an incubation period of up to several weeks. If the animal you adopt shows signs of illness at any point, you must take it promptly to your veterinarian for treatment at your expense. I have read & understand this disclaimer.

Are all adults in your household aware that you are considering adopting a pet? Yes No

Does anyone in your household have allergies to dander / hair / saliva? Yes No

Where will your pet be kept, indoors or outdoors? Indoors Outdoors

Who will be the primary caregiver for your new pet?

Please list all pets you, as an adult, have been responsible for; explain what happened to each and indicate if they were spayed / neutered:

What have you done to prepare yourself and your family for the addition of a new pet? _____

How many hours will your pet be alone during the day? Where will you keep your pet when you are away?

What will you do with your pet if you have to move? _____

If your pet gets lost, in addition to contacting TFGF, what steps would you take to find it? _____

Please explain why you want a cat/kitten? _____

What do you think about declawing cats? _____

What do you see as normal cat/kitten behavior problems? _____

How long do you feel that it will take for a cat or kitten to acclimate to a new household? _____

How will you introduce your new cat to your existing pet(s)? _____

Will you provide annual vaccinations and necessary medical care? Yes No

Are you willing to spend the money necessary for updating shots on time, spay/neutering & emergency care for your pet? Yes No

Veterinarian Contact Information _____

Name: _____ Phone: _____

City: _____ State: _____

Do we have your permission to contact your vet for a reference? Yes No

To the best of your knowledge, has any member of you household ever been convicted of an animal welfare law violation such as neglect, cruelty, abandonment etc.? Yes No

By signing this application, I acknowledge that I have answered all questions truthfully. Failure to provide truthful answers can result in the forfeiture of your adopted pet to The Foxie G Foundation.

Signature: _____ Date: _____

TFGF Rep: _____ Date: _____