

Friends of Coos County Animals, Inc.
PO BOX 911, Coos Bay 269-1989

This questionnaire will help us to match you with the right cat for your household.

Name _____ Date _____

Address _____ Apt # _____

City _____ State _____ Zipcode _____

Daytime Phone _____ Evening Phone _____ CELL _____

E-Mail Address _____

Do you own your home? Y N

Type of home Apt /Condo Mobile Trailer House Military Housing

If you rent, please provide landlord's contact information

Name _____ Phone number _____

Your Veterinarians Name or Practice Name and Phone Number

May we phone your vet for a reference? Y N

Type of Flea Prevention used on your pets? _____

Is your cat declawed? Y N Would you declaw this cat? Y N

Would you prefer a declawed cat? Y N

Have you relinquished or given away pets in the past? Y N

If yes, please explain

Are you over 18 Years old? Y N

Is this adoption for: a house cat _____ barn/shed cat _____ mouser _____

Outdoor cat with access to shelter _____ outside cat no shelter _____

How many adults in household? _____ children? _____ ages _____

Please list your current or past pets residing at your home (include roommates' pets as well)

Breed/Type	Name	Age	Sex	Spayed Neutered	# Years owned	Indoor/Outdoor	current/past
------------	------	-----	-----	--------------------	---------------	----------------	--------------

Where will new pet be kept when you are home? _____ NOT home _____

Where will pet sleep at night? _____

Who is ultimately responsible for your new pet? _____

The adoption of a pet is a lifetime commitment. Are you willing to make the investment in both time and finances (several hundred dollars a year) to care for and properly manage your new forever pet?
Y N

Would you be willing to allow a representative to make a home visit at a mutually agreed upon time?
Y N

Type of cat preferred: Breed, color, age range, female, male, longhaired, shorthaired.

Anything we can know about to help you find your pet.
