



Cat Adoption Questionnaire



geelong animal welfare society
"because every life is precious"

DATE: _____ / _____ / 20____

CONTACT DETAILS

Full name: _____

Address: _____

Suburb _____ Postcode: _____

PH: _____ / _____

Email: _____

I do **NOT** wish to receive email updates from GAWS

PET INTEREST

What would you like to adopt?

Cat Kitten Either

What characteristics do you desire most in a cat?

Active Calm Independent Confident

Playful Affectionate Good with children

Good with other cats Good with dogs

Why are you looking to adopt?

Companion for myself Companion for children

Companion for another pet As a gift Mouser

To replace a lost/deceased pet Other

FAMILY

Who are you adopting this pet for?

Myself Family Other

Who will be the primary caregiver for this pet?

Myself My partner My child Other

Have you ever owned a cat?

Yes No

How many people live in the home?

If any children live in the home, please list their ages:

Has anyone in your family experienced pet allergies?

HOME & LIFESTYLE

What type of home do you live in?

Unit Apartment Suburban house

Farm/ acreage Other

Do you?

Own Rent Government housing

If renting, do you have landlord approval to have pets?

Yes No

Where will your pet stay during the day?

Indoors Indoor enclosure Garage

Outdoor enclosure Free roaming outdoors

Indoors and outdoors (via pet door or you letting them in and out)

Where will your pet sleep at night?

Indoors Outdoors

Do you work?

Full time Part-time From home Casual

Student Retired Not working at the moment

If your circumstances changed and you found yourself unable to keep your pet would you:

Return pet to GAWS Rehome privately Sell

Put to sleep (euthanise) Other

PLEASE TURN OVER PAGE.....

YOUR PETS

Are there any other pets currently in your household?

Type (i.e. dog, cat)	Breed (i.e. Persian, DSH)	Age of your animal	Male or female	Desexed (yes or no)	How long owned

Can you please tell us where you heard about adopting from Geelong Animal Welfare Society?

GAWS website Facebook Pet Rescue website Newspaper PETstock Store Family or friend Other

This section should be completed by a GAWS adoption staff member

Adoption staff member name: _____

Date: ____/____/20____

Sheltermate checked (Person/ IP / Medical notes / Other) YES / NO

Did the person: Adopt the animal they were interested in Adopted a different animal Did not adopt today

Notes:

Topics to be discussed further before finalising adoption:

GENERAL

Council requirement Microchip details financial considerations (i.e. vet checks, food, enrichment etc.)

MEDICAL

Dietary requirements/advice Vaccinations, flea and worm treatments 7 day health cover explained

Common health concerns (cat flu/ ringworm/FIV) Stitch removal

BEHAVIOURAL

Settling into a new home Introduction to children and other pets House training

How to introduce pet to the outdoors (what to do/what not to do) Enrichment

SPECIAL ADOPTION ANIMALS

Behavioural issues explained Medical indemnities provided and explained Relevant handouts provided

- I confirm that I have provided Geelong Animal Welfare Society with true and accurate information in my adoption questionnaire.
- I agree that the Adoption Team Member has explained the above information to me and I have understood the conditions relating to the adoption.

Adopter name _____ Signature _____ Date ____/____/20____