



This is our Interactive Form. You can add your changes within the boxes for each item on form. Once you have filled in all of your information, click the SUBMIT button. You may receive a pop up box with options for sending. Option 1 is for Outlook, Eudora, Thundermail. Option 2 is for online email providers such as gmail, yahoo, hotmail, msn, etc.

If you have any trouble with this form, fill out information, save document to a folder or desktop and attach the PDF to an email to: purrfectcompanions@att.net

What pets do you currently have in your home? Use back of the page if needed.

Type Age Sex Altered? Cats declawed? Where keep? Time Owned

Y N Front All

Y N Front All

Y N Front All

Y N Front All

Who is your Veterinarian? _____ Name of Clinic _____

Phone # _____

How long have you been a client? _____

If you have pets are the all up to date on their vaccinations? Last Vaccinations for?

FVRCP RABIES FELINE LEUKEMIA

Has your cat(s) been tested for Feline Leukemia and Feline Aids Virus? Results

If your cat(s) has not been tested, why not?

How long will your new cat be alone at home during a 24 hour period?

Is anyone in your household allergic to cats? If yes, how do you plan to deal with this?

Are you willing/able to pay for basic veterinary care? _____

Have you ever adopted another animal from a shelter? If yes, what shelter and when?

What traits are you looking for in a cat?

Why do you want a cat? Companionship _____ mouser _____ for children _____ as a gift _____ other _____

Will your cat stay: indoors only outdoors only indoors and outdoors

If outdoors, how long after adoption will you start allowing your cat to go outside?

Where will the cat spend the day?

Where will the sun set and the day? _____

Where will the cat spend the night? _____

If the cat is not using a litter pan what will you do?

Do you plan to move within the next year? _____

What will you do with the cat when you travel/go on vacation?