



neccog

Serving the towns of:

Bozrah, Brooklyn, Canterbury, Chaplin, Colchester, Franklin, Griswold, Hampton, Killingly, Lebanon, Lisbon, Pomfret, Putnam, Sprague, Sterling, Thompson, Voluntown, and Woodstock.

Cat Adoption Questionnaire

Email: AnimalControl@NECCOG.org

Instagram Page: @NECCOGAnimalServices

Name _____ Email _____

Address _____ Town _____

City _____ Zip _____

Primary Phone _____ Place of Employment _____

**** Thank you for considering the adoption of a shelter animal! Before you decide to adopt a pet please consider the time, effort, and funds (estimated at \$1000 or more annually for food, supplies, vaccinations, and veterinary care) necessary to properly maintain an animal. Responsible pet ownership requires a commitment to provide care and companionship for the life of the animal. The decision to adopt is an important one. In order to ensure that you and your pet will be happy for years to come, we need to take time to discuss the animal's individual needs and personality traits. Please take a few moments to carefully read and complete this application.****

1. Name of cat that you are interested in (required for application to be considered)

2. Do you currently live in a House ___ Apartment ___ Condo___ Other___?

3. Do you currently Own___ Rent___ Lease the residence where you live___?

4. How long have you lived at your current residence_____?

- ***If you are not the property owner, Neccog animal Services will verify your residences current pet policy.***

5. Landlord's name _____ Phone Number_____

6. How many adults live in your home_____ How many children_____ Ages_____?

7. Does anyone in your household have allergies? _____

8. Who will be primarily responsible for the care of this cat?_____

9. Is this cat a gift? Yes___ No ___

10. Do you have other pets? Yes___ No___ Are their vaccinations current? Yes___ No___

11. If dogs, are they currently licensed? Yes ___ No ___

12. Do you have a regular veterinarian? Yes ___ No ___

13. Veterinary Practice name _____ Phone Number _____

14. Under what circumstances would you not keep this cat?

15. Please list all the pets you have owned in the last 5 years including current pets, and those you no longer own.

Name	Species	Breed	Age	Sex	Altered	What happened to him or her?

- 16. Noise/activity level in my home is usually High ___ Medium ___ Low ___
- 17. I would enjoy brushing or grooming my cat? Rarely ___ Occasionally ___ Daily ___ Weekly ___ Monthly ___ Never ___
- 18. My ideal cat would be _____
- 19. Bad cat habits I just can't tolerate are _____
- 20. Will this cat be indoor ___ Outdoor ___ Both ___?
- 21. Would you declaw a cat? Yes ___ No ___

**** I Certify that above information is true to the best of my knowledge. I also acknowledge falsification of the above can result in being denied adoption of an animal or, if an animal has been adopted to me, the return of that animal to Neccog animal shelter.****

Signed _____ Date _____