



R.B.A.R.I.

RAMAPO BERGEN ANIMAL REFUGE INC.

STAFF _____

DATE _____

FELINE MATCHMAKING QUESTIONNAIRE

ADOPTION FEES: Cats \$85.00 Kitten \$100.00

ADOPTER'S INFORMATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK/CELL PHONE _____

E-MAIL ADDRESS _____ AGE _____

HOW DID YOU HEAR ABOUT US? _____

SECTION I – Your New Pet

PLEASE TELL US A LITTLE ABOUT WHAT YOUR IDEAL PET WOULD LOOK/ACT LIKE.

AGE RANGE: _____ Months - _____ Years SEX: Male Female Doesn't matter

HAIR LENGTH: Short Medium Long

PREFERRED BREED OR MIX: _____

PLEASE CHECK ALL THAT APPLY: Indoor & Outdoor Friendly Non Shedding Calm

Declawed Playful Friend for cat Lap Cat Shy or Timid – Needs extra TLC

OTHER : _____

WHO IS THIS PET FOR? Self / Family Gift The Kids

DO ALL THE MEMBERS OF YOUR HOUSEHOLD WANT THIS PET? _____

HOW MANY HOURS WILL THIS PET BE ALONE DURING THE DAY? _____

WHERE WILL THIS PET BE KEPT DURING THE DAY? _____ AT NIGHT? _____

IN BRIEF PLEASE DESCRIBE YOU METHODS FOR LITTER BOX TRAINING & ACCLIMATING A FELINE TO YOUR HOME:

WHAT WOULD YOU CONSIDER ACCEPTABLE REASONS FOR GIVING UP A PET: _____

WOULD YOU BE WILLING TO ADOPT A SPECIAL NEEDS PET? Yes No Possibly

ARE YOU WILLING TO WORK THROUGH ANY BEHAVIOR PROBLEMS THAT MAY ARISE? Yes No

ARE YOU AWARE/WILLING TO PAY YEARLY VET BILLS AND OTHER PET RELATED EXPENSES THAT CAN AMOUNT TO OVER

\$500.00 A YEAR? Yes No-Explain _____

ARE YOU GOING TO SPAY OR NEUTER YOUR NEW PET? Yes No – why? _____

ARE YOU GOING TO DECLAW YOUR NEW CAT? No Yes – why? _____

ARE YOU GOING TO ALLOW YOUR CAT OUTSIDE? No Yes – why? _____

WHAT VETERINARIAN WILL YOU USE FOR YOUR NEW PET? _____

SECTION II – YOUR FAMILY

DO YOU LIVE ALONE? Yes No If No: How many people total live in the home: _____

HOW MANY ADULTS (over 18 years) LIVE IN THE HOME? _____

HOW MANY CHILDREN (under 18 years) LIVE AT HOME? Full time: _____ Part time: _____

PLEASE LIST NAMES AND AGES OF EVERYONE (including yourself) THAT LIVE IN THIS HOME:

DO YOU WORK? Yes No IF YES, WHAT HOURS? _____

DOES YOUR SPOUSE/HOUSEMATE (S) WORK? Yes No If yes, what hours? _____

WHO WILL BE THE MAIN CARETAKER OF THE PET? Self Spouse Children Other _____

OWNING A PET IS A COMMITMENT THE WHOLE FAMILY NEEDS TO MAKE. IS EVERYONE IN THE HOME WILLING TO CARE FOR A NEW PET? Yes No If No explain: _____

DOES ANYONE HAVE ALLERGIES TO PETS – OR HAVE A BREATHING CONDITION THAT MAY BE AFFECTED BY HAVING A PET IN THE HOME? Yes No Unsure Who? _____

SECTION III – YOUR HOME

DO YOU: Own Rent - A House An Apartment Townhouse Condo

DOES YOUR LEASE OR COMPLEX ALLOW PETS? Yes No Unsure

Name of Landlord? _____

ARE YOU PLANNING ON MOVING IN THE NEAR FUTURE? Yes No Est. Move Date (if app.) _____

IF YOU MOVE ARE YOU PLANNING TO FIND PET FRIENDLY HOUSING? Yes No

SECTION IV – OTHER PETS

DO YOU HAVE ANY PETS NOW? Yes No

PLEASE LIST ALL YOUR PETS HERE INCLUDE: Breeds, Ages, Sexes, and how long you have had each pet;

ARE YOUR PETS SPAYED / NEUTERED? Yes No - If not why? _____

ARE YOUR CATS DECLAWED? No Yes - why? _____

ARE YOUR CATS ALLOWED OUTSIDE? No Yes - why? _____

HAVE YOU HAD PETS BEFORE? Yes No 1st pet for this family, have had pets in the past.

Please list all previous pets including breeds, were they spayed/neutered and how long you had them.

HAVE YOU EVER GIVEN A PET UP FOR ANY REASON? Yes No If yes-WHY? And where is that pet now?

I sign here to signify that all of the above information is true and correct to the best of my knowledge.

Potential Adopter Signature _____

STAFF NOTES