

## Cat Adoption Questionnaire Please send completed form as an attachment to animalshelter@fairfaxcounty.gov

| Type of residence: Single Family Home Townhouse Apartment Condo of applicable, list the name and phone number of the property owner or rental agency:  Name:  | Applicant Name:       |                                |              |                   |                  |                              |
|---|-----------------------|--------------------------------|--------------|-------------------|------------------|------------------------------|
| Home Phone:   | Address:              |                                |              |                   |                  |                              |
| E-mail:   | City:                 |                                |              | State:            | Zip:             |                              |
| How did you hear about FCAS?  Do you: Own Rent Live with Parents Other  Type of residence: Single Family Home Townhouse Apartment Condo of applicable, list the name and phone number of the property owner or rental agency:  Name:  Number:  List the names of all adults other than yourself (18 years or older) in your home:  List the ages of all children (under 18 years) in your home:  Is everyone in the household aware of and in agreement with this adoption?  What pets do you currently own?  Name  Species and Size/Breed  Age Neutered/ Spayed?  Number:  Number:  Veterinarian Name:  Number:  Number: | Home Phone:           |                                | Cell Phone:  |                   |                  |                              |
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| What pets do you currently own?    Name   | List the ages of al   | l children (under 18 y         | ears) in yo  | ur home:          |                  |                              |
| Name Species and Size/Breed Spayed? Neutered/ Spayed? Neutong? Rabies/License   | s everyone in the     | e household aware of a         | and in agre  | ement with th     | nis adoption?    | ·                            |
| Size/Breed Spayed? how long? Rabies/License   | What pets do you      | currently own?                 |              |                   |                  |                              |
|   | Name                  |                                | Age          | •                 |                  | STAFF ONLY<br>Rabies/License |
|   |                       |                                |              |                   |                  |                              |
|   |                       |                                |              |                   |                  |                              |
|   |                       |                                |              |                   |                  |                              |
|   |                       |                                |              |                   |                  |                              |
|   |                       |                                |              |                   |                  |                              |
| Proof of current rabies vaccines for all currently owned dogs and cats is required; staff may call vet to verify.)  | Veterinarian Nam      | ne:                            |              | N                 | Number:          |                              |
|   | Proof of current rab  | ies vaccines for all currently | y owned dogs | and cats is requi | red; staff may c | all vet to verify.)          |
| Have you adopted from our shelter previously? When?   | - ,                   | : - : <b>P-</b>                | <del> </del> | ' '               |                  |                              |

| Why do you want to adopt this particular cat?   |  |  |  |  |
|---|--|--|--|--|
| How many hours will the cat be left alone each da   | y?   |  |  |  |
| Will the cat primarily live: Inside Outside   | e Both   |  |  |  |
| Do you plan on declawing this cat? Yes N  | lo Maybe   |  |  |  |
| What energy level would you prefer? Low   | Medium High  |  |  |  |
| What type of enrichment activities will you provide   | le for your cat?   |  |  |  |
| What kinds of medical and/or behavioral needs a   | re you <b>not</b> comfortable managing?  |  |  |  |
| List any additional details about your home and w   | hat you want from your new cat:  |  |  |  |
| I certify that all information provided is true and unders<br>application. I authorize Fairfax County Animal Shelter to<br>name and selecting the checkbox below I am signing this<br>electronic signature is the legal equivalent of my handwi | verify the above information. By typing my<br>form electronically, and I agree that my |  |  |  |
| Name  | Date   |  |  |  |

## Adoption Requirements

- Be at least 18 years old with current photo ID
- Have valid rabies vaccine records for all current dogs/cats
- Proof of county license for currently owned dogs
- Show proof homeownership OR lease with pet addendum OR verified permission from property owner/landlord
- Meet county zoning requirements for three or more dogs, or livestock

## **Adoption Fees**

Dogs: Two months through 6 months: \$200 7 months through 5 years: \$150

6 years and older: \$100

Cats: Two months through 6 months: \$150

7 months through 5 years: \$75

6 years and older: \$50

Rabbits: \$30 Reptiles: \$20 Guinea pigs: \$15 Hermit Crabs: \$10 Small Animals (hamsters, mice, etc): \$5 Ferrets, chinchillas, and hedgehogs: \$40

Birds: Small (parakeets, finches, etc): \$10

Medium (lovebirds, small parrots, etc): \$75 Large (cockatoos, African grey parrots, etc): \$150

Domestic Fowl (chickens and roosters, ducks, etc): \$20

Livestock (goats, pigs, etc): \$50

Equine and bovine: \$200

Adoption fees are non-refundable.