

ADOPTION QUESTIONNAIRE

EMRO Shelter Headquarters

Villa 11, Block 4, Ground Floor, Togarayeen City

EI Mokattam, Cairo, EGYPT

<http://www.emaurescue.org>

Telephone: +2 022-507-6946 (Outside of Cairo)

Mobile: +2 0114-748-1481 or + 2 0120-566-6150



EMRO

Please note, this form will take between 15-30 minutes to complete. It is very important to us that we find excellent, loving homes for these rescued cats. Please answer all questions completely and as honestly as you can, as it helps us understand our potential adopters better. Thank you! Please respond by filling in the appropriate information and return to us as an email attachment (Word). You may also print out, fill in, then scan or submit this document in either PDF format or hard copy. (Use Tab button to move from field to field.)

Name:

Address:

City/State/Zip:

Province/Country:

E-mail Address:

Name of Cat You Wish to Adopt: 1st Choice:
2nd Choice:

Home Phone:

Mobile:

Date:

1. Occupation:
2. Company/Organization you work for:
3. Do you (or spouse, parents) work for a company that requires frequent moves? Yes No
If YES please explain what will happen to this pet when you move:
4. Do you travel frequently?
What arrangements do you plan to make for your pet during travel?
5. How long have you lived at your current address? Less than 1 year One year or more
If less than 1 year, please list how long you lived at previous addresses:
6. If you rent, does your landlord allow pets? Yes No Own our/my home
7. Number of adults in household:
Number of children in household:
Children's Ages:
If an adult-oriented home, do children / grandchildren, etc. visit your home? Yes No
8. Are all the people living with you aware of this adoption? Yes No
9. How do the others in the household feel about having a pet?
Does anyone object? Yes No
Does anyone have allergies to cats? Yes No
10. Do you have other pets? Yes No
Explain:

11. If so, please list the other pets in your household:

▪ Breed:	▪ Name:
▪ Age:	▪ Spayed / Neutered:

12. How did you acquire it/ them?

13. Are your current pets up to date on vaccinations and other necessary vet care? Yes No

14. If you don't currently have a pet, have you ever had pets, especially cats, in the past? Yes No
If YES, please explain what happened to your previous pets and how long you had them:

15. Why do you wish to adopt this cat? (Put an X besides all that apply)

- | | |
|--|--|
| <input type="checkbox"/> A gift | <input type="checkbox"/> Breeding |
| <input type="checkbox"/> Companion for another pet | <input type="checkbox"/> Child's pet |
| <input type="checkbox"/> Family companion | <input type="checkbox"/> For someone else |
| | <input type="checkbox"/> Other (please explain): |

16. Have you read/know much about the Egyptian Mau cat?

17. Why are you interested in a Mau or Mau mix cat specifically from Egypt?

18. Do you know that the Mau is often a very active and intelligent cat, who may demand a lot of attention, and who may get lonely if left alone for long periods of time?

19. Do you know that these are non pedigreed cats, and found either on an Egyptian street or from a local Egyptian's home and may come with some issues (health or behavioural)?

20. Who will be primarily responsible for the care of this new pet?

21. Do you have accessories (pet food, bowls, basket, blanket, toys, treats, id tag if outside etc.)?

22. How do you plan to introduce this new pet to the home, and if applicable, to other animals in the home?

Do you understand that there may be some adjustment problems at first, which may require training and added attention?

23. Will you take this cat to the veterinarian for regular check-ups, when it appears ill, and for routine vaccinations?

24. Will this cat be inside only, or inside/outside?

25. Where will the pet stay during the day? If in the house, please state where (e.g. free-roaming or in a specific room or space):

Where will the pet be during bad weather (hot / cold / raining)?

Where will the pet sleep at night?

26. If cat is to go outside, do you have a garden? If so, is your garden completely fenced in?

27. Is someone home during the day?
How many hours a day will this pet be left alone?
28. What will you feed this cat (e.g. canned food, dry, cooked food, raw, etc)?
29. Do you feel you can afford the cost of maintaining this pet both now and for the lifetime of the pet (10+ years in many cases)?
30. Please list TWO references- (one can be a relative). Include name, address and phone number and email (if possible):

Reference #1:

Reference #2:

31. What would you do if you could no longer care for your cat?
Do you agree to contact EMRO if you can no longer keep this cat for ANY reason, so that we can keep track of it?
32. May we contact you for information as a post-adoption follow-up?
33. How did you learn about EMRO or our website?
34. Do you intend to declaw this cat?
35. Is there any information you would like, or anything you would like to tell us about yourself?

~~~~~  
I give EMRO permission to verify any and all information given by me in this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of EMRO Representative

\_\_\_\_\_  
Date  
Original: Adopter    Copy: [Info@emaurescue.org](mailto:Info@emaurescue.org)    Copy: [Adopt@emaurescue.org](mailto:Adopt@emaurescue.org)    Copy: [WebMauster@emaurescue.org](mailto:WebMauster@emaurescue.org)

=====

**FOR INTERNAL PURPOSES ONLY:**

|                                                                              |            |               |
|------------------------------------------------------------------------------|------------|---------------|
| Name of Cat:                                                                 | EMRO ID #: | Donation Amt: |
| Adoption Accepted?: <input type="checkbox"/> YES <input type="checkbox"/> NO |            |               |
| Comments:                                                                    |            |               |