KITTEN INQUIRY

Price _____

Deposit _____

Balance Due_____

Name _____

Street address _____ City_____

State ____ Zip _____ Home Phone _____ Work Phone _____

Cell Phone_____ Email Address _____

May we call you at work to notify you of kittens/ cats? ❒ Yes ❒No

Names of others in household (include ages of children) _____

Length of time at address _____ ❒ Own ❒ Rent ❒ Live with parents ❒ Military

Housing type: ❒ House ❒ Condo ❒ Apartment ❒ Mobile home

How did you hear about us?_____

❒ Friend/family ❒ Newspaper _____ ❒ Online Ad _____

❒ Web site (www.dcfdmainecoons.com) _____ ❒ Other _____

Please list your current veterinarian _____ City _____

Interested in:

Pet Only ❒ Yes ❒No Kitten or Adult (circle one)

Show Quality Male ❒ Yes ❒No Show Quality Female ❒ Yes ❒No

Breeder Male ❒ Yes ❒No Breeder Female ❒ Yes ❒No

Do you have intact cats at home (NOT SPAYED OR NEUTERED) ❒ Yes ❒No Male or Female

Will you declaw this kitten/cat ❒ Yes ❒ No

Current Pets	You & Your Household	Your Ideal Cat
Type _____ Name _____ Age _____ Sex _____ Spayed/Neutered ❒ Yes ❒ No Kept ❒ Inside ❒ Outside ❒ Both Declawed ❒ Yes ❒ No How long have you owned this pet? _____	**1. Cat Experience** ❒ First Time Owner ❒ Have had one or two ❒ Knowledgeable & Experienced	**Breed Type/Mix** _____ **Adult Size** ❒ 0-12 lbs. Small/Medium ❒ 13-20 lbs. Medium/Large ❒ No Preference **Coat** ❒ Short❒ Medium ❒ Long ❒ No Preference **Age** ❒ 8-16 weeks ❒ 4-12 months ❒ 1-3 years ❒ Older ❒ No preference **Activity Level** ❒ Low ❒ Medium❒ High **Sex** ❒ Male❒ Female ❒ No preference
Type _____ Name _____ Age _____ Sex _____ Spayed/Neutered ❒ Yes ❒ No Kept ❒ Inside ❒ Outside ❒ Both Declawed ❒ Yes ❒ No How long have you owned this pet? _____	**2. Time Away From Home** ❒ Home all day ❒ Out part-time ❒ Away 7-10 hours daily	
Type _____ Name _____ Age _____ Sex _____ Spayed/Neutered ❒ Yes ❒ No Kept ❒ Inside ❒ Outside ❒ Both Declawed ❒ Yes ❒ No How long have you owned this pet? _____	**3. Our Cat Will Live:** ❒ Indoors only ❒ Indoors/Outdoors ❒ Outdoors only	
Type _____ Name _____ Age _____ Sex _____ Spayed/Neutered ❒ Yes ❒ No Kept ❒ Inside ❒ Outside ❒ Both Declawed ❒ Yes ❒ No How long have you owned this pet? _____	**4. Home Atmosphere** ❒ Grand Central Station ❒ Some activity ❒ Zen-garden serene	

Past Pet History	Please Describe Your Ideal Cat
Type _____ Name _____ Age _____ Sex _____ Spayed/Neutered ❒ Yes ❒ No Kept ❒ Inside ❒ Outside ❒ Both Declawed ❒ Yes ❒ No How long have you owned this pet? _____	
Type _____ Name _____ Age _____ Sex _____ Spayed/Neutered ❒ Yes ❒ No Kept ❒ Inside ❒ Outside ❒ Both Declawed ❒ Yes ❒ No How long have you owned this pet? _____	

Type _____ Name _____ Age _____ Sex _____ Spayed/Neutered ❒ Yes ❒ No Kept ❒ Inside ❒ Outside ❒ Both Declawed ❒ Yes ❒ No How long have you owned this pet? _____	_____ _____ _____ _____ _____ _____ _____