



CAT ADOPTER SURVEY (Please Print)
 Last Name _____ Date _____
 Address _____ Date of Birth _____
 Home Phone _____ State _____ Zip _____
 Cell Phone _____ Email _____
 Work Phone _____

1	Have you ever owned a cat before?	YES	NO			
2	Do you:	Own	Rent	Live with Parents	Other	
		If renting, Landlord name _____				
		Phone# _____				
3	Residence Type:	House	Apartment	Condo	Duplex	Mobile Home
4	Why do you want a cat/kitten:	Companionship	Companion of Other Animal			
		Mouser	Gift	Other		
5	I am adopting this cat/kitten for:	Myself	My Children	My Family		
		A Friend	A Relative			
6	Will your pet live:	Inside	Outside	Both		
7	My cat needs to be alone per day ...	2 hours or less	3-7 hours	8-10 hours	12 hours or more	
8	How will you handle scratching or destructive behavior?					
9	It may take a new cat/kitten up to 2 months or longer to adjust to its new home. Are you prepared to allow this much time?	YES	NO			
10	List pets you have owned during the past 5 years:	Sterilized (Y/N)	Indoor/Outdoor	Deceased (Y/N)	If No, where living now?	
	Name Species/Breed Age Sex	_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____
11	Are any of your current cats declawed?	YES	NO			
12	My cat/kitten needs to get along with other:	Cats/Kittens	YES	NO	Dogs/Other Animals	YES NO
13	What is the name of your veterinarian?					
14	Are your pets up to date on vaccinations?	YES	NO			
15	My cat needs to be good with kids?	YES, List kids & ages:	NO			
		_____ / _____	_____ / _____			
		_____ / _____	_____ / _____			
16	I would like a cat who (check all that apply)	<input type="checkbox"/> Plays gently	<input type="checkbox"/> Is fairly active	<input type="checkbox"/> Is an enthusiastic player		
		<input type="checkbox"/> Loves everyone	<input type="checkbox"/> Prefers mostly family			
		<input type="checkbox"/> Needs encouragement w/strangers				
		<input type="checkbox"/> Is a cuddler	<input type="checkbox"/> Enjoys a little lap time			
		<input type="checkbox"/> Is more independent				
		<input type="checkbox"/> Is quiet	<input type="checkbox"/> Talks occasionally	<input type="checkbox"/> Is a chatterbox		
17	The noise/activity level in my home is usually	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High		

~~ Questions Continue On Back ~~



Failure to fully answer questions may cause a delay in your adoption process.

18	Is anyone in your family allergic to pets?	YES	NO
19	What will you do with the cat/kitten if you move?		
20	The average life expectancy of cats is 15 years. Will you be able to provide care for your cat's entire life?	YES	NO
21	Under what circumstances would you return or give away this animal?		
22	How much do you think you'll spend yearly for the care of your cat? (food, medical care, boarding, toys, etc ...)		
	Other Comments:		

FOR STAFF USE: **Adoption Counselor:** _____

Interested in adopting

Animal ID#

Comments: _____

