

CAT ADOPTER SURVEY

Date _____

Last Name _____

First Name _____

Date of Birth _____

Address _____

City _____

State _____

Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

1	Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Parents <input type="checkbox"/> Other _____ If renting, Landlord Name _____ Phone# _____																																								
2	Residence Type: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo/Duplex <input type="checkbox"/> Mobile Home																																								
3	The noise/activity level in my home is usually: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High																																								
4	List members of your household and any other children or significant people your cat will interact with: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Name</th> <th style="width: 15%;">Adult (Y/N) or Child's Age</th> <th style="width: 15%;">Lives in Household (Y/N)</th> <th style="width: 45%;">If No, Relationship or Anticipated Interaction</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	Name	Adult (Y/N) or Child's Age	Lives in Household (Y/N)	If No, Relationship or Anticipated Interaction	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____																				
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	Is anyone in your family allergic to cats? <input type="checkbox"/> NO <input type="checkbox"/> YES, who: _____																																								
5	I am adopting this cat for: <input type="checkbox"/> Myself <input type="checkbox"/> My Children <input type="checkbox"/> My Family <input type="checkbox"/> Friend <input type="checkbox"/> A Relative <input type="checkbox"/> Companion of Other Animal <input type="checkbox"/> Mouser <input type="checkbox"/> Other, _____																																								
	The cat's primary caregiver will be: _____																																								
7	Have you ever owned a cat before? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Grew up with or had as family pet																																								
	The last time I had a cat was: <input type="checkbox"/> Within the last year <input type="checkbox"/> 2-5 years ago <input type="checkbox"/> More than 5 years ago																																								
9	List any pets owned, alive or deceased, in the last 5 years and any other animals a new pet would need to get along with: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Name</th> <th style="width: 15%;">Species/Breed</th> <th style="width: 5%;">Age</th> <th style="width: 5%;">Sex</th> <th style="width: 10%;">Sterilized (Y/N)</th> <th style="width: 15%;">Indoor/Outdoor</th> <th style="width: 10%;">Deceased (Y/N)</th> <th style="width: 30%;">If No, where living now?</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	Name	Species/Breed	Age	Sex	Sterilized (Y/N)	Indoor/Outdoor	Deceased (Y/N)	If No, where living now?	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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	I'm interested in cats aged: <input type="checkbox"/> 2 to 5 months <input type="checkbox"/> 6 months to 2 years <input type="checkbox"/> 3 to 7 years <input type="checkbox"/> 8 years or older																																								
11	I would like a cat who (check all that apply): <input type="checkbox"/> Is active and playful <input type="checkbox"/> Is mellow <input type="checkbox"/> Is confident <input type="checkbox"/> Is a little shy <input type="checkbox"/> Is more independent <input type="checkbox"/> Is declawed <input type="checkbox"/> Is cuddly or a lap cat <input type="checkbox"/> Likes being picked up/held <input type="checkbox"/> Likes petting <input type="checkbox"/> Can be Indoor/Outdoor <input type="checkbox"/> Can be Indoor only <input type="checkbox"/> Is quiet <input type="checkbox"/> Is vocal/talks a lot																																								
12	Bad habits I cannot tolerate (check all that apply): <input type="checkbox"/> Destructively chews/scratches <input type="checkbox"/> Nips, love/play bites <input type="checkbox"/> Gets on countertops <input type="checkbox"/> Hates brushing <input type="checkbox"/> Too vocal <input type="checkbox"/> Escapes out doorways <input type="checkbox"/> Plays too rough with other pets <input type="checkbox"/> Other _____																																								
13	Will your cat live: <input type="checkbox"/> Inside <input type="checkbox"/> Indoor/Outdoor <input type="checkbox"/> Outdoors <input type="checkbox"/> Wherever the cat wants <input type="checkbox"/> Unsure																																								
14	My cat needs to be alone per day: <input type="checkbox"/> 4 hours or less <input type="checkbox"/> 4 to 8 hours <input type="checkbox"/> more than 8 hours																																								

~~ Questions Continue On Back ~~

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

For your safety and the safety of the animals, please follow our recommended guidelines for animal interaction.

15	List your veterinarian's <u>name</u> , <u>phone number</u> and <u>city</u> :
16	How long ago did your current animals last see the vet? <input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6 months to 1 year <input type="checkbox"/> 1 to 3 years <input type="checkbox"/> 3 to 5 years <input type="checkbox"/> 5 years or more
17	How and where do you plan to acclimate a new cat to your home? Please describe _____ _____ <input type="checkbox"/> Unsure; would like advice and tips
18	How long are you willing to allow a new cat to adjust to your home? Please describe _____ _____ <input type="checkbox"/> Unsure; would like advice and tips
21	Have you ever owned a cat that had litter box use issues? <input type="checkbox"/> No <input type="checkbox"/> Yes, Please describe _____ _____
22	How will you handle destructive behavior? Please describe _____ _____
23	How do you anticipate managing your cat's need to scratch? <input type="checkbox"/> Scratching posts <input type="checkbox"/> Trimming nails <input type="checkbox"/> Soft claws <input type="checkbox"/> Declawing <input type="checkbox"/> I don't mind scratching <input type="checkbox"/> Would like advice and tips <input type="checkbox"/> Other _____
24	Were any of your current or previous cats declawed? <input type="checkbox"/> No <input type="checkbox"/> Yes
25	I am capable of adopting a cat with medical or behavioral special needs: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure
26	How much do you think you'll spend monthly on cat care products? (food, boarding, toys, etc...): <input type="checkbox"/> Less than \$25 <input type="checkbox"/> \$25 to \$50 <input type="checkbox"/> \$50 to \$100 <input type="checkbox"/> \$100 to \$200 <input type="checkbox"/> \$200 or more
27	How much do you think you'll spend yearly on veterinary care? <input type="checkbox"/> Less than \$50 <input type="checkbox"/> \$50 to \$100 <input type="checkbox"/> \$100 to \$250 <input type="checkbox"/> \$250 to \$500 <input type="checkbox"/> \$500 or more
28	Are you anticipating any changes to your household in the next 6 months? (check all that apply) <input type="checkbox"/> Additional pets <input type="checkbox"/> Moving <input type="checkbox"/> Job/schedule change <input type="checkbox"/> Remodeling/redecorating <input type="checkbox"/> Baby/additional children <input type="checkbox"/> Roommate changes <input type="checkbox"/> New/departing family member <input type="checkbox"/> Other _____
29	The average life expectancy of cats is 15 years. Will you be able to provide care for your cat's entire life? <input type="checkbox"/> Yes <input type="checkbox"/> No
30	Under what circumstances would you return or give away this animal? <input type="checkbox"/> Doesn't get along with kids <input type="checkbox"/> Problems with Litter Box <input type="checkbox"/> Moving <input type="checkbox"/> Destructive scratching <input type="checkbox"/> Aggression/biting <input type="checkbox"/> Doesn't get along with other pets ○cats ○dogs <input type="checkbox"/> Other _____

How did you find, hear or know about HSHV?

- | | |
|--|--|
| <input type="checkbox"/> Adopted before or used other HSHV service | <input type="checkbox"/> Internet-Google or other search |
| <input type="checkbox"/> Referred by friend or family | <input type="checkbox"/> Yellow pages or other advertising |
| <input type="checkbox"/> Am a donor or current/former volunteer | <input type="checkbox"/> Radio or TV |
| <input type="checkbox"/> Live close-by | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Internet-Petfinder | |

Add me to the HSHV email list for the latest news updates, adoption promotions, vet clinic discounts, special events and more!

--- Office Use Only---

Approved: Y N Staff Name: _____ Animal Name/ID: _____