



**HOLD**

Animal \_\_\_\_\_

Day/Time \_\_\_\_\_

# Cat Adoption Questionnaire

### Contact Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

### Household Information

Do you  Own  Rent If renting, any pet restrictions? \_\_\_\_\_

Do you live in  House  Condo  Parents home  Apt Complex name: \_\_\_\_\_

How many people in your household? \_\_\_\_\_ Ages of children under 18, if any? \_\_\_\_\_

### Current Pets

Type and breed of pet	Age	Gender	Altered?	Kept indoors, outdoors, or both	How long lived with you?

### Previous Pets

Type and breed of pet	How long lived with you?	Reason no longer living with you?

### My Home Environment

Activity level in my household is  Low  Medium  High

I prefer a cat who likes to be petted and cuddled  A little  Some  A lot

When it comes to kitty manners and behaviour:

I prefer well-behaved  A little occasional friskiness is okay, but nothing major  I'm fine with frisky

I prefer a cat who is comfortable interacting with guests  No preference  Sometimes  Always

I plan for my cat to live  Indoors only  Indoors/Outdoors  Outdoors

If outdoors, my cat will be  On a leash/supervised time  In a Catio  Cat door access/unsupervised

On average, my cat will be without people \_\_\_\_\_ hours a day \_\_\_\_\_ days a week.

My plan for introducing my new cat to my household is \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

It's most important to me that my cat \_\_\_\_\_

**When you've completed this survey, please go to the animal viewing area to look for your new companion. If you see someone you like, take the paperwork off his or her kennel, bring it to the front desk and wait for the next available staff member. Thank you for choosing to adopt!**

**This side for staff only**

**Guardianship topics:**  Adjustment  Introduction  Health  Cost  Insurance  Grooming  Training  
 Classes  Exercise  Play  Socialization  Toys  Confinement  Identification  Litterbox

Animal name/#	Staff initials:	Date:
Staff notes:		
Visit notes:		Plan to adopt?

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Staff notes:		
Visit notes:		Plan to adopt?

Hold for:	Completed on/by:	Hold notes:
	Visit with:	
	Landlord check	
	Surgery on	
	Pending medical	
	Dog intro	
	Preparation	