

# cat adopter survey



first name	last name	date
address	city	state zip
home phone ( ) -	work phone ( ) -	email

1	I would consider my household to be like	A library	Middle of the road	A carnival	
2	I am comfortable with a cat that likes to play "chase my ankles" and similar games	No	Somewhat	Yes	
3	I want my cat to interact with guests that come to my house	Little of the time	Some of the time	All of the time	
4	How do you feel about a boisterous cat that gets into everything?	Love them but rather not to live with them	Depends on the situation	Fine by me	
5	My cat needs to be able to adjust to new situations quickly	Not important	Somewhat	Yes	
6	I want my cat to love being with children in my home	It's not important whether my cat loves being with children	Some of the time	Most of the time	Children do not often come to my house
7	My cat needs to be able to be alone	More than 9 hours per day	4 to 8 hours per day	Less than 4 hours per day	
8	When I am at home, I want my cat to be by my side or in my lap	Little of the time	Some of the time	All of the time	
9	I want my cat to enjoy being held	Little of the time	Some of the time	Most of the time	
10	I need my cat to get along with (circle all that apply)				Dogs Cats Birds Other
11	My cat will be	Inside	Inside and Outside	Outside	
12	I have lived with cats before	No		Yes Date _____	Currently
13	I prefer my cat to be talkative	No		Yes	It's not important if my cat is talkative
14	I want my cat to play with toys	Little of the time	Sometimes	Often	
15	I want my cat to be active	Not very active at all	Somewhat	Yes, very	
16	It is most important to me that my cat _____ (fill in the blank)				

<b>FOR OFFICE USE ONLY</b>	<b>RECOMMENDED COLOR MATCH: PURPLE ORANGE GREEN</b> <b>RECOMMENDED FELINE-ALITY™ (IES)</b> _____
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Type of Home:  House  Townhouse  Apartment/Condo How long have you lived at this address? \_\_\_\_\_

Do You...  Own  Rent  Sublet Are you planning on moving in the next 6 months?  Yes  No

If you rent, please list your landlord or rental agents: (your application cannot be processed without this information)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Number of people in household: Adults \_\_\_\_\_ Children \_\_\_\_\_ Ages of Children \_\_\_\_\_

Names of adults (age 18 and over) living in household:

\_\_\_\_\_

Are You...  Working  Attending School  Retired  Other: \_\_\_\_\_

Have you applied to adopt an animal from this shelter before?  Yes  No If yes, when? \_\_\_\_\_

What kind of animal?  Dog  Cat If you have previously adopted an animal with us, do you still have the animal?  Yes  No

Why do you want to adopt this animal? \_\_\_\_\_

Please list all companion animals that you have owned in the past 5 years, including those that currently reside with you:

Pet's Name	Type/Breed	Age	Neutered/ Spayed	If cat, declawed?	Owned for How Long?	Why is animal no longer with you? (if applicable)

Do you have a veterinarian?  Yes  No Vet Clinic Name and Phone Number: \_\_\_\_\_

Please check any topics you would like to discuss with an Adoption Counselor:

- Feeding your new cat
- Introducing your new cat to your other pets
- Where to keep your cat during the day, at night or when you are not home
- Litter box training
- Challenging habits (spraying, marking, jumping on counters or furniture, nipping, scratching, clawing furniture)
- What to do if your cat is lost
- Other: \_\_\_\_\_

I certify that the information provided is true and understand that false information may nullify this adoption:

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Washington Humane Society Staff Use Only

Approved  Choose Again  Other \_\_\_\_\_

Pick Up Date: \_\_\_\_\_

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
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