

cat adopter survey



first name	last name	date
address		apt. #
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)

FOR OFFICE USE ONLY	RECOMMENDED COLOR MATCH: PURPLE ORANGE GREEN
	RECOMMENDED FELINE-ALITY™(IES) _____

FOR WAYSIDE PERSONNEL USE ONLY

<u>Slumber Pawty Dates</u>	Start:	End:
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Date:	Last Name:	Person ID:	Counselor:
Animal Name:	Animal ID:	Cat Carrier: Own <input type="checkbox"/> Plastic <input type="checkbox"/> Cardboard <input type="checkbox"/>	Kennel Location:

If they rent, are they familiar with the pet policy?	Y	N	
Are their pets UTD on vaccinations? S/N?	Y	N	
Have you reviewed all Companion notes/memos?	Y	N	

Why did you choose to adopt this cat?	<input type="checkbox"/>
What will a typical day be like for this cat? Hours Alone?	<input type="checkbox"/>
Where will the cat be kept?	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Both
When you travel who will care for this cat?	<input type="checkbox"/> Pet sitter <input type="checkbox"/> Family/friends <input type="checkbox"/> Boarding facility
Are you planning to declaw this cat?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Maybe
If yes, are you open to alternatives?	<input type="checkbox"/> Nail trim <input type="checkbox"/> Double-sided tape <input type="checkbox"/> Scratchers <input type="checkbox"/> Soft paws
Are you familiar with flea/tick/heartworm preventatives?	<input type="checkbox"/>

Name of veterinarian?	Needs Suggestion?	
Discussed retail items?	Items Needed?	

Adoption Comments:

Hold #:	Date:	Amount Paid:	Amount Due At Pickup:	Initials:
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