

## **Cat Adoption Questionnaire**

Name:	FOR OFFICE USE:		
Address: Apt. #:_			
City: Postal Code:			
Phone #:	P#:		
E-mail:			
Why do I need to provide my personal information before We request that any potential adopters fill out initial information betoestaff can better serve you and your needs. This information we ask for your cooperation in the exciting process of better the process of t	formation before meeting an animal, so that our tion will help us place animals in new homes, and		
ABOUT YOU and YOUR HOME	PET CARE		
1. Please select the appropriate age category of the adopter  □ Under 18 □ 18-30 □ 31-60 □ 61+	9. Have you had cats before? ☐ Yes ☐ No Please list ages and breeds below:		
2. What hast describes your living and income and?			
2. What best describes your living environment?			
□ House □ Townhome	<b>10.</b> Were you the primary caregiver? □ Yes □ No		
□ Apartment □ Condo			
Do you: □ Own □ Rent	<b>11. Do you have a veterinarian?</b> □ Yes □ No		
3. In your house, number of:	Name of vet:		
Adults (18+): Children: Ages of children:	12. How often should your cat see the vet?		
4. Are there other pets in our household? □Yes □ No			
If Yes - please check the appropriate boxes:  □ Cat(s) □ Dog(s) □ Special species	13. What is the best diet for your cat?		
5. Does anyone in the home smoke?	14. What is your annual budget for medical care of your cat		
6. Are there any allergies in your home? □Yes □ No	□ \$100-\$500 □ \$500-\$1000		
	□ \$1000-\$1500 □ \$1500+		
7. The cat will be kept:			
□ Indoors □ Outside □ Both □ Balcony □ Other:	15. What methods would you use to help your new cat adjust to their new home?		
8. What sort of enrichment do you plan to offer your cat?			
,			
□ Play time □ Brushing/Petting □ Other:			

TELL US WHA	AT YOU'RE LOOKING F	OR			
Sex:	□ Female	□ Male			□ No preference
Age:	□ Kitten	□ Young adult	□ Adult	□ Senior	□ No preference
Energy:	□ <b>Low</b>	□ Moderate	□ High		□ No preference
Coat:	□ Short	□ Medium	□ Long		□ No preference
Type/Breed:			<del>_</del>		<u> </u>
Personality:					
		TTO (please check all t			
□Be friendly	with children	□Be friendly with v	isitors to the house	□Be playful	
□Be friendly	with other cats	□Enjoy being held		<b>□Be quiet</b>	
<b>□Be friendly</b>	with dogs	□Be calm		□Be independen	t
□ Fearfulness		D YOU BE WILLING TO W	OKK ON WITH YOUR	NEW CAT?	
	s of other animals				
□ Fearfulness	s of new environments	<u> </u>			
□ Aggression					
☐ Litter Box I					
□ Destructive	Behaviours				
☐ High Energ	y				
☐ Separation					
low will you a	ddress any behaviour	al challenges should they	arise?		
How will you a	ddress any medical ch	allenges should they aris	e?		
-		oortant campaigns and to as shone calls, emails or mail p		om time to time telepho	ne, email and send mail to
Applicant signa	nture:		D	ate:	
		Thank you for com	pleting this questionn	aire	

The information provided will help us to find the best matches to your interests.