

# Cat Adoption Survey



*Completion of this survey will help us assist you with finding a companion animal.*

Last name ( primary adopter):\_\_\_\_\_ First Name:\_\_\_\_\_

Last Name:\_\_\_\_\_ First Name:\_\_\_\_\_

Address:\_\_\_\_\_ City:\_\_\_\_\_ State:\_\_\_ Zip Code:\_\_\_\_\_

Phone #'s:\_\_\_\_\_

Email address:\_\_\_\_\_ Would you like to be on our mailing list? Yes No

**Please list the Animal(s) you are interested in adopting:**

**Please select the FIVE most important traits you are looking for in a cat:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Affectionate         | <input type="checkbox"/> Child friendly           | <input type="checkbox"/> Friendly with visitors |
| <input type="checkbox"/> Good with other cats | <input type="checkbox"/> Lap cat/likes to be held | <input type="checkbox"/> Talkative              |
| <input type="checkbox"/> Good with dogs       | <input type="checkbox"/> Quiet                    | <input type="checkbox"/> Short hair             |
| <input type="checkbox"/> Declawed             | <input type="checkbox"/> Playful                  | <input type="checkbox"/> Long hair              |
| <input type="checkbox"/> Couch potato         | <input type="checkbox"/> Adult                    | <input type="checkbox"/> Indoor cat             |
| <input type="checkbox"/> Barn Cat             | <input type="checkbox"/> Kitten                   | <input type="checkbox"/> Outdoor cat            |

**Which best describes your animal experience?**

I currently have companion animals  
(Please list all types of animals currently in your home)\_\_\_\_\_

I have never had a companion animal of my own

I previously had companion animals of my own

I grew up with companion animals

**Would you like additional information on the following ....**

- |   |  |
|---|--|
| <input type="checkbox"/> Spaying and neutering            | <input type="checkbox"/> Alternatives for letting your cat outside |
| <input type="checkbox"/> Preventing destructive behaviors | <input type="checkbox"/> Choosing the right litter and litter box  |

Other questions?\_\_\_\_\_

-----STAFF ONLY-----

Date:\_\_\_\_\_ # \_\_\_\_\_ Staff initial:\_\_\_\_\_

Animal #:\_\_\_\_\_

Animal #:\_\_\_\_\_