

Cat Adoption Survey



Seattle Animal Shelter
2061 15th Avenue West
Seattle, WA 98119
206.386.PETS (7387)

Name _____ Email _____

Address _____ City _____ Zip _____

Primary Phone _____ Alternate Phone _____

YOUR HOUSEHOLD

Do you currently: Rent Own Other _____

How many adults live in your household? _____ How many children? _____ Ages of children _____

Does anyone have asthma or allergies to cats? Yes No

Please list all the pets you currently have, or have had:

Species	Breed	Age	Sex	Spayed/ Neutered?	Owned how long?	What happened?
			M F	Y N		
			M F	Y N		
			M F	Y N		
			M F	Y N		
			M F	Y N		
			M F	Y N		

CAT CARE & CONSIDERATIONS

Will this cat be a gift? Yes No If yes, for whom? _____

Do you plan to have the cat declawed? Yes No If yes, why? _____

Will this cat be: Indoor only Indoor/Outdoor Outdoor only

Under what circumstances would you not keep this cat? _____

YOUR IDEAL CAT

Please rate the following:

	Not Important	Neutral	Very Important
Adjusts to new situations quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacts with guests in my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active and playful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mellow companion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sits on my lap or by my side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Good with kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along with my other pets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My home is: Calm Moderately active Lively and noisy

My cat will be alone: Less than 4 hours a day 4 - 8 hours a day More than 8 hours a day

Adoption Follow-up: Adopters of adult cats (older than 6 months) are phoned within a few days following adoption to ask how things are going and discuss any concerns relating to cat behavior.

Do you consent to being contacted by the adoption follow-up team? Yes No

My best time to be reached is: Weekday Weekend Morning Afternoon Evening

I certify that the above information is true and correct to the best of my knowledge. I acknowledge that any falsifications can result in my being denied adoption, or, if adoption has occurred, the return of that animal to the shelter.

Signature _____ Date _____

Note: Typing your name in the signature box constitutes a signature.

FOR SHELTER USE:

Application Reviewed by _____ Date _____

Adoption Screening Performed by _____

Date of adoption: _____ Cat's name: _____ ID #: _____

Staff initials, if applicable:

_____ Medical conditions & medications _____

_____ Special diet _____

_____ Declawed status _____

_____ First days in new home _____

_____ Introduction to other pets _____

_____ Outdoor considerations _____

_____ Behavior concerns _____

Other _____