

# Cat Adoption Survey



Seattle Animal Shelter  
2061 15<sup>th</sup> 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:  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 \_\_\_\_\_