



**HOUSEHOLD INFORMATION:**

You live in: <input type="radio"/> Home <input type="radio"/> Apartment <input type="radio"/> Condo <input type="radio"/> Duplex <input type="radio"/> Mobile Home <input type="radio"/> Other: _____	
Do you: <input type="radio"/> Own <input type="radio"/> Rent <input type="radio"/> Live with Parents <input type="radio"/> Military Housing <input type="radio"/> School Campus	
Apartment or Landlords Name:	Phone Number:
How long have you lived at your present address? _____ Are you planning to move within the next 3 months? ____ What type of housing will you be moving to? _____	
Do you live with a non-relative? <input type="radio"/> Yes <input type="radio"/> No	If so, who?
Do you live with family? <input type="radio"/> Yes <input type="radio"/> No	If so, who?
Total number in household:	Total number of children:
Ages of children in home: _____	Do grandchildren visit often? <input type="radio"/> Yes <input type="radio"/> No
Do you or anyone living in your home have any allergies to animals? <input type="radio"/> Yes <input type="radio"/> No	If so, to what and how severe is the allergy?

**ANIMAL CARE INFORMATION**

List below current and any other pets YOU have owned in the past 5 years.							
Type of Pet	Age	M / F	Spayed / Neutered	How long have / did you have.	Do you still have?	Current on Vaccs?	Indoors / Outdoors
1.			<input type="radio"/> Y <input type="radio"/> N			<input type="radio"/> Y <input type="radio"/> N	
2.			<input type="radio"/> Y <input type="radio"/> N			<input type="radio"/> Y <input type="radio"/> N	
3.			<input type="radio"/> Y <input type="radio"/> N			<input type="radio"/> Y <input type="radio"/> N	
4.			<input type="radio"/> Y <input type="radio"/> N			<input type="radio"/> Y <input type="radio"/> N	
Where did you last have your pet vaccinated?							
Veterinarian's Phone:				When was your pet's last visit to the vet's office?			
If you no longer have one of the above listed pets, explain what happened to them.							
How long ago did this happen? (previous question?)							
How long will you give you new pet to adjust to their new home?							
Who will be responsible for the care of your new pet?							
How many hours a day will your new pet be WITHOUT human contact?				What characteristics or behavior habits are you NOT willing to work with?			
What change in your life, or the animal's life, could cause you to give up your new pet? (check all that apply)							
<input type="radio"/> Moving		<input type="radio"/> New Baby		<input type="radio"/> Too Active		<input type="radio"/> Not What You Wanted	
<input type="radio"/> Destructive		<input type="radio"/> Aggressive		<input type="radio"/> Too Expensive		<input type="radio"/> None	
<input type="radio"/> Too noisy		<input type="radio"/> Allergies		<input type="radio"/> Too Big		<input type="radio"/> Other: _____	
<input type="radio"/> Too much work		<input type="radio"/> Not Litter Box Trained					
Why do you want to adopt a new pet? (Check all that apply)							
<input type="radio"/> House Pet		<input type="radio"/> Companion For Yourself		<input type="radio"/> Companion for Other Pet			
<input type="radio"/> Mouser		<input type="radio"/> Indoor Pet		<input type="radio"/> Outdoor pet			
<input type="radio"/> Barn Cat		<input type="radio"/> Indoor/Outdoor pet		<input type="radio"/> Gift (For Who?) _____			
<input type="radio"/> Other: _____							
If for any reason you could no longer care for this pet, what would you do with him/her?							

Do you plan to declaw your new cat/kitten?
How will you correct your new cat/kitten if he/she shows any destructive behavior?
If this cat/kitten is not litter trained, what will you do?
If this cat/kitten develops behavior problems, what will you do?

**HOME ENVIRONMENT**

My new cat/kitten shall live: (Check all that apply)				
<input type="radio"/> Inside only.	<input type="radio"/> Inside during the day, outside at night.			
<input type="radio"/> Inside or outside as my pet desires.	<input type="radio"/> Outside during the day, inside at night.			
<input type="radio"/> Outside and in the garage only.	<input type="radio"/> Outside only.			
<input type="radio"/> Other: _____				
If your new cat/kitten will be allowed outside, how will it be kept confined to your yard:				
<input type="radio"/> In the House	<input type="radio"/> Garage	<input type="radio"/> Loose in Yard		
<input type="radio"/> Kennel	<input type="radio"/> Screened Porch/Patio	<input type="radio"/> Loose in Fenced Yard		
<input type="radio"/> Tied on Cable - Run	<input type="radio"/> Tied with Rope/Chain	<input type="radio"/> Laundry Room		
<input type="radio"/> Electric Fence	<input type="radio"/> Cat Fence	<input type="radio"/> Other: _____		
What percent of the time will your new cat/kitten be inside? _____ Outside? _____				
Where will your new pet sleep when you take him/her home?	Where will your new pet sleep when he/she gets older?			
Do you have a fenced yard? <input type="radio"/> Yes <input type="radio"/> No	Does it completely enclose your yard? <input type="radio"/> Yes <input type="radio"/> No			
How tall is the fence?	What type of fence is it?			
If spending most of it's time outdoors, what kind of protection will your new cat/kitten have from the weather?				
The noise/activity level in my home is usually: <input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High				
<b>CAT PREFERENCES</b>				
I prefer an adult cat.	Desired Hair Type:			
<input type="radio"/> Short Hair <input type="radio"/> Medium Hair <input type="radio"/> Long Hair <input type="radio"/> Any Type of Hair				
I prefer a kitten.	Desired Hair Type:			
<input type="radio"/> Short Hair <input type="radio"/> Medium Hair <input type="radio"/> Long Hair <input type="radio"/> Any Type of Hair				
What breeds or mixes are you interested in?				
Please describe the temperament/activity level you are looking for. (Check all that apply)				
<input type="radio"/> High Energy	<input type="radio"/> Outdoor cat	<input type="radio"/> Lap cat	<input type="radio"/> Playful	<input type="radio"/> Gets Along w/Dogs
<input type="radio"/> Affectionate	<input type="radio"/> Quiet	<input type="radio"/> Mellow	<input type="radio"/> Protective	<input type="radio"/> Gets Along w/Cats
Training-My new cat/kitten should have when he/she goes home with me:				
<input type="radio"/> No training - I plan to do training	<input type="radio"/> Some training - I will train if needed			
<input type="radio"/> Fully trained - I don't want any accidents	<input type="radio"/> I will do home training no matter what			
Age Preference:				
<input type="radio"/> 2-4 months - like a toddler, needs constant supervision	<input type="radio"/> 5-12 months - like a teenager			
<input type="radio"/> 1-2 years - like a young energetic adult	<input type="radio"/> 3 years and up - like an adult			
<input type="radio"/> No preference				
I would enjoy brushing or grooming my cat:				
<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Daily	<input type="radio"/> Weekly	<input type="radio"/> Monthly
Cat habits that I cannot tolerate are:				