

Cat Adoption Survey

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

What pets do you currently have?

Please List Species and Age:

Are all of your pets spayed or neutered? Yes

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

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			
Active and Playful			
Mellow Companion			

Sits on my lap or by my side			
Good with Kids			
Gets along with my other pets			

My home is calm ____ Moderately Active ____ Lively and Noisy ____

My cat will be alone __ Less than 4 hours / day ____ 4-8 Hours / day ____ 8+ Hours / day