Cat Adoption Survey



Name *		Date *	Date *	
		DD/MM/YYYY		
First	Last			
Address *		Email *		
Street, City, Pos	tal Code			
Phone Number *		Emergency Cont	Emergency Contact for Microchip *	
XXX-XXX-XXXX				
		First	Last	
Alternative Phone Number		Emergency Cont	Emergency Contact Phone Number *	
XXX-XXX-XXXX		XXX-XXX-XXXX	XXX-XXXX	
	oplying for a specific cat, what a	re you looking for?	○ No	
Breed/Gender/Age/Etc			I currently own a cat *	
			○ Yes	
If you currently	own a cat please describe then	1:		
(Gender/Spay/	Neutered?/Age/Breed/Temperme	nt/I		
If you have own	ed a cat previously but do not o	currently own one, how lon	g ago was it?	
Does the cat tha	t you are interested in need to	get along with other cats?	·	
○ Yes	. ,	Per mon8 emer emer.		
○ No				
	you are interested in need to get	along with other species of ar	nimals? *	
Yes	_	-		
○ No				

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If answered yes above, what kind of animals	How long will your cat be alone each day? *	
Will your cat need to get along with childre	n? * How interactive do you want your cat to be? *	
○ Yes	Not at All Interactive	
○ No	 Somewhat Interactive 	
If answered yes above, how old are the chil	dren? Very Interactive	
Will the cat you are interested in be primari	ly indoors or outdoors? *	
○ Indoors		
Outdoors		
If answered outdoors, please elaborate:		
Are you looking for a cat that you can pick	up and carry/hold? *	
Yes		
○ No		
Are you ok with a talkative cat? *	I am interested in a cat with medical or behavioural needs *	
○ Yes	○ Yes	
○ No	○ No	
How active of a cat are you looking for? *	Would you consider your home to be: *	
Not Very Active	A Quiet Home	
 Somewhat Active 	○ A Busy Home	
○ Very Active	O Somewhere in the Middle	
What is most important to you about the	ne cat you are adopting? *	

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