

# CAT ADOPTION SURVEY



**GREAT PLAINS SPCA**

Heroes for pets. Partners for life.

5424 Antioch Drive | Merriam, KS 66202

(913) 808-3335 GreatPlainsSPCA.org

Pet's Name: \_\_\_\_\_ Time: \_\_\_\_\_

We are thrilled you are considering adoption! In order to apply you must:

- Be at least 18 years of age
- Have consent of the entire household and/or landlord
- Understand that we want to find the right pet for your family and may suggest a different pet

Today's date: \_\_\_\_\_

Where did you first hear about or see this pet

Just stopped by to look

Friend or family

Petfinder.com or Pets911.com

Our website

Special event

Television

Shelter newsletter or email

Newspaper

Other: \_\_\_\_\_

## You and Your Household

Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_

City / State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone 1: ( ) \_\_\_\_\_ Phone 2: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

I live in a:  Single-family home  Townhouse or Condo  Apartment

I currently:  Own  Rent  Live at a relative's / friend's home Landlord's number: \_\_\_\_\_

Does anyone in the household have allergies to animals? Yes No Unsure

Are you adopting this pet as a gift for someone? Yes No If yes, for whom: \_\_\_\_\_

Are there children who visit your home? Yes No

Has anyone ever threatened harm or harmed your pets? Yes No

Has anyone ever threatened harm or harmed you? Yes No

Do you feel safe going home? Yes No

## The Pet's Environment

Do you prefer a cat that:

Will live exclusively indoors

Will live outdoors

Will enjoy being outside while I'm with him/her

Will come and go independently

Will enjoy living in our barn, workshop, or garage

What behaviors or circumstances will you NOT tolerate in your new pet?

Litter box problems

Biting or scratching

Allergies

Problems with other pets

Health issues of cat

Destructiveness

Vet costs more than \$ \_\_\_\_\_ per year

Other: \_\_\_\_\_

When you are not home, where will the cat stay? \_\_\_\_\_

When you are home, where will the cat be? \_\_\_\_\_

Signing below indicates that the information provided in the Great Plains SPCA Cat Adoption survey is honest and has been completed to the best of your ability.

Signature: \_\_\_\_\_

## FOR ADOPTION ADVOCATE USE ONLY

Last Name:		Person Number:	Approved:	Denied:	
			Hold Released:		
Animal Name:	Animal ID:	Breed:	F Spayed	M Neutered	Staff Initial
Date:	Location:	Color:	Age:		

Do you have any children in your life? \_\_\_\_\_

What type of experience have you had with pets? \_\_\_\_\_

Any '*absolutely not's*' that you want us to know about a pet so we can recommend the best match? \_\_\_\_\_

What do you think will be the easiest thing to manage in the home? \_\_\_\_\_

Hardest thing to manage? \_\_\_\_\_

What do you know about de-clawing cats? \_\_\_\_\_

Can we provide additional info on training, medical, food, preventative? \_\_\_\_\_

**ADDITIONAL NOTES:**