

CAT ADOPTION SURVEY



Pet's Name: _____ Time: _____ Today's Date: _____

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

Initial Screening Questions

Have you ever been accused, investigated, arrested, or convicted of any violent crime against a person or animal? Including animal neglect.	___ Yes ___ No
Has anyone in the household in which the Great Plains SPCA animal will be adopted been accused, investigated, arrested, or convicted of any violent crime against a person or animal? Including animal neglect.	___ Yes ___ No
Do you agree to present a current photo identification and consent to Great Plains SPCA running a background check as it deems necessary as a part of our adoption's screening process?	___ Yes ___ No

You and Your Household

Name: _____ Preferred Pronouns: _____

Street Address: _____

City/State: _____ Zip: _____

Phone 1: () _____ Phone 2: () _____

Email: _____ DL#: _____

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 # (if applicable): () _____
Are you adopting this pet as a gift for someone?			___ Yes ___ No
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
Are there additional people living in the home? If yes, please provide the name(s) and date(s) of birth of each additional person living in your household on the top portion of the next page.			___ Yes ___ No

The Pet's Environment

Do you prefer a cat that will:	What behaviors or circumstances will you NOT tolerate in your new pet?			
___ live exclusively indoors	___ come and go independently	___ Litterbox problems	___ Biting/Scratching	___ Allergies
___ live outdoors				___ Problems with other pets
___ be outside while attended	___ live in our barn, workshop, or garage	___ Health issues with cat	___ Destructiveness	___ Vet costs over \$ _____/year
Other: _____				

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

When you are home, where will the cat be? _____

I hereby declare that all the information I have provided is true & correct. I am aware that missing or incomplete information, whether deliberate or the result of negligence may render any adoption with Great Plains SPCA null & void.

Signature: _____

By signing below, I agree to present a current photo identification and consent to Great Plains SPCA running a background check as it deems necessary as a part of our adoption's screening process

Members of Your Household	
Full Name: _____	DOB: ____/____/____
Full Name: _____	DOB: ____/____/____
Full Name: _____	DOB: ____/____/____

ADOPTION ADVOCATE USE ONLY

Do you have any children (under 18) in your life that you would want to be around the cat? _____

What type of experience have you had with pets? _____

If you have had pets in the past, what happened to them? _____

Are there any pets in the household now or that visit the household? If so, tell us about them. _____

Review "What behaviors or circumstances will you not tolerate" section from front of survey and advise on management techniques to prevent undesirable behaviors. _____

What about having a/this cat are you most excited about? _____

What are you hesitant or worried about in bringing a/this cat home? _____

What do you know about de-clawing cats? _____

Do you have a plan for unexpected medical needs/emergencies? _____

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

What is it about this/a pet that makes you want to adopt? _____

Do you have any upcoming life-changes? If so, how do you plan to accommodate your pet during these changes? _____

ADDITIONAL NOTES: