

# 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 on ALL adults over the age of 18 living in the home, 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:	<input type="checkbox"/> Single-family Home	<input type="checkbox"/> Townhouse or Condo	<input type="checkbox"/> Apartment	
I currently:	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Live at a relative's/friend's home	Landlord's # (if applicable): (      ) _____
Are you adopting this pet as a gift for someone?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Are there children who visit your home?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Has anyone ever threatened harm or harmed your pets?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Has anyone ever threatened harm or harmed you?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you feel safe going home?				
<input type="checkbox"/> Yes <input type="checkbox"/> 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.				
<input type="checkbox"/> Yes <input type="checkbox"/> No				

### The Pet's Environment

Do you prefer a cat that will:	What behaviors or circumstances will you NOT tolerate in your new pet?			
<input type="checkbox"/> live exclusively indoors <input type="checkbox"/> come and go independently	<input type="checkbox"/> Litterbox problems	<input type="checkbox"/> Biting/Scratching	<input type="checkbox"/> Allergies	<input type="checkbox"/> Problems with other pets
<input type="checkbox"/> live outdoors				
<input type="checkbox"/> be outside while attended <input type="checkbox"/> live in our barn, workshop, or garage	<input type="checkbox"/> Health issues with cat	<input type="checkbox"/> Destructiveness	<input type="checkbox"/> 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 initialing below, I agree to present a current photo identification and consent to Great Plains SPCA running a background check on ALL adults over the age of 18 living in the home, as it deems necessary as a part of our adoption's screening process.

Members of Your Household	Date of Birth	Signer Initials	ID Present?
Full Name: _____	____ / ____ / ____	_____	____ Y ____ N
Full Name: _____	____ / ____ / ____	_____	____ Y ____ N
Full Name: _____	____ / ____ / ____	_____	____ Y ____ N

## 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:

\_\_\_\_\_