



Thank you for visiting the Kitchener-Waterloo Humane Society and choosing to save a life! Please help us find a great feline match for you by filling out this adoption survey. We are excited to help you pick your new family member!

Cat Adoption Survey

Adopter Information:

Name: _____	Partner's Name _____
Address: _____	Apt # _____
City: _____	Postal: _____
Email: _____	
Home phone: _____	Cell phone: _____
Work Phone: _____	Extension: _____

Animal Information: *(Office Use only)*

Animal Name: _____	Breed: _____
ID # _____	

1. The last time I had a cat was:

<input type="checkbox"/> I've never had a cat	<input type="checkbox"/> I had a cat 1+ years ago	<input type="checkbox"/> I had a cat within the last year	<input type="checkbox"/> I currently have a cat
---	---	---	---

2. I would best describe my household as:

<input type="checkbox"/> A place with constant activity and noise	<input type="checkbox"/> Sometimes noisy/quiet	<input type="checkbox"/> Quiet and calm most of the time
---	--	--

3. My cat must get along with: *(Check all that apply)*

<input type="checkbox"/> Cats	<input type="checkbox"/> Dogs (List breed below)	<input type="checkbox"/> Kids (List ages below)	<input type="checkbox"/> Other (List below)
-------------------------------	--	---	---

4. When I am **not** at home, my cat will be:

<input type="checkbox"/> In the garage	<input type="checkbox"/> Outside or in the yard	<input type="checkbox"/> Confined to one room	<input type="checkbox"/> Loose in house
--	---	---	---

5. When I am at home, my cat will be:

<input type="checkbox"/> In the garage	<input type="checkbox"/> Outside or in the yard	<input type="checkbox"/> Confined to one room	<input type="checkbox"/> Loose in house
--	---	---	---

More on **reverse**:

Cat Adoption Survey (Con't)

6. I want a cat who: *(Check one per box)*

Interacts with houseguests: <input type="checkbox"/> All the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Not Important	Can be alone: <input type="checkbox"/> More than 9 hours per day <input type="checkbox"/> 4-8 hours per day <input type="checkbox"/> Less than 4 hours per day	Likes to be by my side: <input type="checkbox"/> All the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Not Important
Enjoys being held: <input type="checkbox"/> All the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Not important	Enjoys being with children: <input type="checkbox"/> All the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Not important	Is playful and active: <input type="checkbox"/> All of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Not important
Is vocal or talkative: <input type="checkbox"/> All of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Not important	Can adjust to new situations <input type="checkbox"/> All of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Not important	<input type="checkbox"/> Can be an indoor/outdoor cat <input type="checkbox"/> Can be an indoor cat only <input type="checkbox"/> Can be an outdoor cat <input type="checkbox"/> Has special needs (behaviour/medical needs)

7. It is important that my cat is: _____

8. My experience with cats includes:

Kittens: <input type="checkbox"/> Fostered <input type="checkbox"/> Owned <input type="checkbox"/> Cat sat <input type="checkbox"/> None	Adults: <input type="checkbox"/> Fostered <input type="checkbox"/> Owned <input type="checkbox"/> Cat sat <input type="checkbox"/> None	Other: <input type="checkbox"/> House soiling <input type="checkbox"/> Medical problems <input type="checkbox"/> Undesirable behaviours with other animals
---	--	--

9. My outings include: (Check one per box)

Travel more than 2 hours away: <input type="checkbox"/> Once a year <input type="checkbox"/> More than once a year <input type="checkbox"/> Not very often <input type="checkbox"/> Never	Camping: <input type="checkbox"/> Once a year <input type="checkbox"/> More than once a year <input type="checkbox"/> Not very often <input type="checkbox"/> Never
--	--

My cat's nails will be maintained by:

<input type="checkbox"/> Trimming his/her nails	<input type="checkbox"/> Providing scratching posts	<input type="checkbox"/> Declawing	<input type="checkbox"/> Don't know
---	---	------------------------------------	-------------------------------------

I acknowledge that:

- I am financially able to provide veterinary care, proper nutrition and any training this cat may need
- I have the time to provide training and enrichment for this cat

Applicant's Signature

Date

KWHS Staff/Vol Signature

Date