



Thank you for visiting the Stratford-Perth 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
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**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
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**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)
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**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
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**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
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**More on reverse:**

## Cat Adoption Survey (Con't)

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

<b>Interacts with houseguests:</b> <input type="checkbox"/> All the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Not Important	<b>Can be alone:</b> <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	<b>Likes to be by my side:</b> <input type="checkbox"/> All the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Not Important
<b>Enjoys being held:</b> <input type="checkbox"/> All the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Not important	<b>Enjoys being with children:</b> <input type="checkbox"/> All the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Not important	<b>Is playful and active:</b> <input type="checkbox"/> All of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Not important
<b>Is vocal or talkative:</b> <input type="checkbox"/> All of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Not important	<b>Can adjust to new situations</b> <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:

<b>Kittens:</b> <input type="checkbox"/> Fostered <input type="checkbox"/> Owned <input type="checkbox"/> Cat sat <input type="checkbox"/> None	<b>Adults:</b> <input type="checkbox"/> Fostered <input type="checkbox"/> Owned <input type="checkbox"/> Cat sat <input type="checkbox"/> None	<b>Other:</b> <input type="checkbox"/> House soiling <input type="checkbox"/> Medical problems <input type="checkbox"/> Undesirable behaviours with other animals
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9. My outings include: (Check one per box)

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

\_\_\_\_\_  
SPHS Staff/Vol Signature

\_\_\_\_\_  
Date