



Date of Adoption
Cat Name(s)
MEOW#
Description
Date of Birth
Microchip#
KC License#
FM _____ PP _____ SD _____ PF _____

Adoption Application

Please PRINT legibly

Name		Primary Phone#	
Address		Apt#	
Secondary Phone#			
City	State	Zip	Email
I agree to (please initial each item) _____ Provide my adopted cat(s) a strictly indoor life			
_____ Not declaw my cat(s) under any circumstances (contractual penalties apply)			
_____ Make a lifetime commitment to my adopted cat(s)			
Please list all members of the household (including yourself):			
Name	Age	Occupation/Employer	
Name	Age	Occupation/Employer	
Name	Age	Name	Age

1. You live in a: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Other (please describe)						
<input type="checkbox"/> Own <input type="checkbox"/> Rent If renting, Property Owner/Mgr:	Phone:					
How long at this address?						
2. With whom do you live? <input type="checkbox"/> Spouse <input type="checkbox"/> Roommate(s) <input type="checkbox"/> Parents <input type="checkbox"/> Alone <input type="checkbox"/> Children <input type="checkbox"/> Other						
3. Are major changes planned in your household in the next year <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please explain:						
4. WHY would you like to adopt a cat or kitten?						
5. For whom are you adopting this cat? <input type="checkbox"/> Self <input type="checkbox"/> Children <input type="checkbox"/> Gift <input type="checkbox"/> Other						
6. Have you adopted from MEOW? <input type="checkbox"/> Yes <input type="checkbox"/> No When?	7. Is anyone in the home allergic to cats? <input type="checkbox"/> Yes <input type="checkbox"/> No					
8. Who will be primarily responsible for the care and supervision of this cat?						
9. Are there children not listed above who visit frequently? <input type="checkbox"/> No <input type="checkbox"/> Yes Ages:						
10. What behaviors do you consider a problem, and how would you handle them?						
11. Where will your cat be when you are home? Where will it sleep at night?	When left alone?					
12. Have you ever owned a declawed cat? <input type="checkbox"/> Yes <input type="checkbox"/> No						
13. What will happen to this cat when you go on vacation?						
14. What will happen to this cat if you have an emergency?						
15. Who is your regular veterinarian?	Date of last visit?					
16. Please list ALL current and former pets:						
Species?	Sex	Spayed/Neutered?	Age	Access to Outdoors?	How long owned?	What happened to it?
17. I certify that the above information is true.				Signature:		Date:

Office Use Only

Approved By	Second Approval	Date
Comments:		

Insurance? Yes No

Check

cat adopter survey



1	I would consider my household to be like	A library	Middle of the road	A carnival	
2	I am comfortable with a cat that likes to play "chase my ankles" and similar games	No	Somewhat	Yes	
3	I want my cat to interact with guests that come to my house	Little of the time	Some of the time	All of the time	
4	How do you feel about a boisterous cat that gets into everything?	Love them but rather not live with them	Depends on the situation	Fine by me	
5	My cat needs to be able to adjust to new situations quickly	Not important	Somewhat	Yes	
6	I want my cat to love being with children in my home	It's not important whether my cat loves being with children	Some of the time	Most of the time	Children do not often come to my house
7	My cat needs to be able to be alone	More than 9 hours per day	4 to 8 hours per day	Less than 4 hours per day	
8	When I am at home, I want my cat to be by my side or in my lap	Little of the time	Some of the time	All of the time	
9	I want my cat to enjoy being held	Little of the time	Some of the time	All of the time	
10	I need my cat to get along with (circle all that apply)				Dogs Cats Birds Other
11	My cat will be	Inside	Inside and Outside	Outside	
12	I have lived with cats before	No		Yes Date _____	Currently
13	I prefer my cat to be talkative	No		Yes	It's not important if my cat is talkative
14	I want my cat to play with toys	Little of the time	Sometimes	Often	
15	I want my cat to be active	Not very active at all	Somewhat	Yes, very	
16	It is most important to me that my cat _____ (fill in the blank)				
FOR OFFICE USE ONLY		RECOMMENDED COLOR MATCH: PURPLE ORANGE GREEN			
		RECOMMENDED FELINE-ALITY™(IES) _____			

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