

CAT ADOPTION SURVEY

FIRST NAME:

LAST NAME:

DATE:

ADDRESS:

APT #:

CITY:

STATE:

ZIP:

PRIMARY PHONE:

SECONDARY PHONE:

EMAIL ADDRESS:

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:	Rarely	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	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 home, I want my cat to be by my side or in my lap:	Rarely	Some of the time	Most of the time	
9	I want my cat to enjoy being held:	Rarely	Some of the time	Most of the time	
10	I need my cat to get along with:	Dogs	Cats	Birds	Other:
11	My cat will be:	Inside	Inside and	Outside	
12	I have lived with cats before:	No		Yes	Currently
13	I would 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:	Not much	Sometimes	Often	
15	I want my cat to be active:	Not very active	Somewhat	Yes, very	
16	It is most important that my cat: _____				

FOR ARLGP STAFF: FELINE ADOPTION CHECKLIST

COUNSELOR DISCUSSION CHECKLIST:

- | | |
|--|---|
| <input type="checkbox"/> Cost of pet care, veterinary recommendations, food | <input type="checkbox"/> Medical background discussed: |
| <input type="checkbox"/> Indoor/outdoor | <input type="checkbox"/> Medical history |
| <input type="checkbox"/> Microchipping and carrier | <input type="checkbox"/> Re-vacc dates |
| <input type="checkbox"/> Pet introductions | <input type="checkbox"/> Medications |
| <input type="checkbox"/> Home base | <input type="checkbox"/> Post-op instructions |
| <input type="checkbox"/> Cats and children | <input type="checkbox"/> URI and other waivers |
| <input type="checkbox"/> Landlord/homeowner approval | |
| <input type="checkbox"/> Litterbox issues | |
| <input type="checkbox"/> Declawing alternatives | |

OUTCOME CHECKLIST:

- Valid picture ID**
- PetPoint check**
 - Verify addresses and update if necessary if adopter is already in PetPoint**
- Execute outcome in PetPoint:**
 - Adoption contract**
 - Rabies vaccination certificate**
 - Vet voucher**
- Microchip discussion – if chipping:**
 - Enter chip number into database. Make adopter aware that registration happens automatically in our system, suggest they contact 24 Hour Pet Watch in a few days.**
- Take payment**
- Make receipt**
- Provide adopter with copies of paperwork**

ADOPTION COUNSELOR:

DATE:

ADDITIONAL NOTES: