

Pre-Adoption Questionnaire

Purrfect Pals Cat Information		
Cat Name	Purrfect Pals Tag Number	Microchip Number

About you and your family		
Name	Number of adults in home	Ages of children in home
Address	City	State/zip code
Primary phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	2nd phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Email
Occupation	Employer	
Spouse/Roommate Occupation	Employer	
Are all members of the household accepting of a new feline friend? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is anyone in the household allergic to cats? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of dwelling: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Duplex <input type="checkbox"/> Mobile home		Do you: <input type="checkbox"/> Rent <input type="checkbox"/> Own
Is this your: <input type="checkbox"/> Permanent Address <input type="checkbox"/> Temporary Address		Are you planning to move within 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about Purrfect Pals? <input type="checkbox"/> Previous Adopter <input type="checkbox"/> Family/Friend <input type="checkbox"/> Flyer/Brochure <input type="checkbox"/> Website <input type="checkbox"/> Petfinder		
<input type="checkbox"/> Offsite Event <input type="checkbox"/> Other Shelter <input type="checkbox"/> Social Media <input type="checkbox"/> Pet Store <input type="checkbox"/> Web Search <input type="checkbox"/> Other _____		

About your current/former animals						
List your current/former pets		First time cat owner? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you have a pet door? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cat/Dog	Breed	Sex	Age	How long owned?	What happened to them?	Indoor/Outdoor
						<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> In <input type="checkbox"/> Out
Do you have a regular veterinarian? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of vet/clinic:				
Have you ever had to give up or rehome an animal? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Adoption Information	
My primary reason for adopting this cat is...	Who will be primarily responsible for the care/supervision of this pet?
Who are you adopting this pet for? <input type="checkbox"/> Self <input type="checkbox"/> Child(ren) <input type="checkbox"/> Gift <input type="checkbox"/> Friend for another pet <input type="checkbox"/> Other	
Will your cat live: <input type="checkbox"/> Indoor only <input type="checkbox"/> Indoor/outdoor <input type="checkbox"/> Outdoor only	
Where will this cat be during the day?	Where will this cat be at night?

