

Pre-Adoption Questionnaire



WHO ARE YOU INTERESTED IN MEETING?	

ABOUT YOU AND YOUR FAMILY			
Name		Partner/Roommate's Name	
Address		Apt/Unit #	City, State, Zip Code
Primary Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Alt. Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Email	
Your Occupation		Employer	
Spouse/Roommate Occupation		Employer	
Number of adults in home?	Number of children in home?	Ages of children in home?	Are all members of your household accepting of adopting 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"/> Petfinder <input type="checkbox"/> Adopt-a-Pet <input type="checkbox"/> Social Media <input type="checkbox"/> Web Search <input type="checkbox"/> Pet Store <input type="checkbox"/> Event <input type="checkbox"/> Other Shelter <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 Why?						

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	

