

**Staff use only:**

Memo Date \_\_\_\_\_  
Pet Req \_\_\_\_\_  
Ref \_\_\_\_\_ Done \_\_\_\_\_  
Adp# \_\_\_\_\_  
Adp Date \_\_\_\_\_  
Done by \_\_\_\_\_  
Web Y N



**THE HUMANE SOCIETY  
FOR SEATTLE/KING COUNTY**

13212 SE Eastgate Way  
Bellevue, WA 98005-4408  
(425) 641-0080  
www.seattlehumane.org

Date: \_\_\_\_\_  
INC#: \_\_\_\_\_  
Kennel#: \_\_\_\_\_  
(Hold Date \_\_\_\_\_ Time \_\_\_\_\_)  
 1st  2nd  3rd  4th  
Notif:  Avail  Adp  No Show

## PRE-ADOPTION QUESTIONNAIRE – Cat/Kitten

Mr.  Mrs.  Ms. \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address (if different): \_\_\_\_\_  
E-mail Address (optional): \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Spouse/Partner Name:  Mr.  Mrs.  Ms. \_\_\_\_\_  
Spouse/Partner Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
How did you hear about The Humane Society?  Newspaper  Radio  TV  Yellow Pages  Friend  
 Bus Signs/Billboards  www.seattlehumane.org  Offsite Event/Venue  Other: \_\_\_\_\_

**The Humane Society for Seattle/King County is committed to providing the resources and support necessary to build lifelong relationships between people and their pets.**

**I CERTIFY THAT THIS INFORMATION IS TRUE AND UNDERSTAND THAT FALSE INFORMATION MAY RESULT IN NULLIFYING THIS ADOPTION.  
I understand that this questionnaire remains the property of The Humane Society.**

(Over 18 years) SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

Thank you for completing this questionnaire. Please return it to the Adoption Desk so that we may review it with you. The entire adoption process usually takes at least one hour.

1. Briefly describe why you would like to adopt a cat/kitten. \_\_\_\_\_

### Household:

2. Do you live in:  House  Townhouse  Condo  Mobile Home  Apt., Complex Name \_\_\_\_\_

3. Do you:  Rent  Own

4. Please list the names of all of your household members. Include ages for household members under age 18.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. For whom are you adopting this pet?  Self  Children  Family  Gift  Other Pet  Other

6. Who will be primarily responsible for the care and supervision of the animal? \_\_\_\_\_

7. Will this cat be in the presence of children frequently?  Yes  No If yes, what ages? \_\_\_\_\_

8. Do any household members have known allergies to cats?  Yes  No

**(Please see other side.)**

**Long Term Pet Care:**

- 9. What will happen to this cat if you move? \_\_\_\_\_
- 10. Are you prepared to accept the cost of a cat in the home? Yes No Don't Know
- 11. Do you have a veterinarian for your pet(s)? Yes No N/A Name of clinic: \_\_\_\_\_
- 12. Approximate date of last vaccinations for current pet(s): \_\_\_\_\_

**Animal Selection/Behaviors:**

- 13. As an adult, have you owned a cat? Yes No If yes, what breed(s)? \_\_\_\_\_
- 14. How many hours each day will your household be without people? \_\_\_\_\_

15. Please list the pets that you have had in the past five years (both current and those you no longer own):

Breed/Type	Age	Sex	Spayed/Neutered	How long owned?	What happened to him/her?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**16. Kittens:**

- Do you want to house the kitten indoors? Yes No If yes, when? \_\_\_\_\_
- Do you want to house the kitten outdoors? Yes No If yes, when? \_\_\_\_\_

**17. Cats:**

- Do you want to house the cat indoors? Yes No If yes, when? \_\_\_\_\_
- Do you want to house the cat outdoors? Yes No If yes, when? \_\_\_\_\_

- 18. How will the cat access outdoors, if applicable? \_\_\_\_\_
- 19. How will you keep the cat confined to your property, if outdoors? \_\_\_\_\_
- 20. How do you plan on coping with furniture scratching? \_\_\_\_\_
- 21. How would you cope with housesoiling? \_\_\_\_\_
- 22. Have you ever declawed a cat? Yes No If yes, for what reasons? \_\_\_\_\_
- 23. For what potential problems do you feel unprepared? *Please check all that apply.*  
Biting/scratching Housesoiling Not good with other animals Not good with children Allergies  
Excessive furniture scratching Excessive grooming needs Excessive vocalizing Medical issues  
Other \_\_\_\_\_

\*\*\*\*\* FOR USE BY ADOPTION ADVISOR DURING DISCUSSION WITH ADOPTER\*\*\*\*\*

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_ N/I P/I C/A Computer check: \_\_\_\_\_

L/A Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Assessors check: \_\_\_\_\_

Policy: \_\_\_\_\_

- Housesoiling Declaw Intro to other pets In/Out

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_