PRE-ADOPTION QUESTIONNAIRE – WORKING CAT

Mr. Mrs. Ms. ____________________________________________________________________________ Home Phone: ____________________

Street Address: __________________________________________________________________________ Work Phone: __________________

City: ____________________________________________________________________________________ County: __________ State: __________ Zip: ______________

Mailing Address (if different): ________________________________________________________________

E-mail Address: __________________________________________________________________________

Employer: ________________________________________________________________________________ Occupation: ________________________________

How Did You Hear About the Humane Society?  □ Newspaper □ Radio □ TV □ Yellow Pages
□ 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 working cat. ____________________________________

Household:

2. Have you had barn cats before? If so, please explain how it went, and what became of the cat(s). ________________

3. Who will be primarily responsible for the care of the animal? __________________________________________

4. What kind of temporary secure enclosure do you have for the cat(s) to acclimate in for the first three weeks? This
   would need to be a structure that cats could not escape from overhead, as well as down below and all around
   the enclosure. You will need to safely access it yourself, in order to replenish the food and water bowls and scoop the
   litter box. _____________________________________________________________

5. What kind of permanent shelter is available to your working cat(s)? □ Closed Barn □ Open Barn □ Closed Shed
   □ Open Shed □ Garage □ Basement □ Shop □ Other Structure (please describe): _______________________

(Please see other side.)
6. Has there been known coyote predation in your neighborhood? □ Yes □ No
7. Do you live near a busy street □ Yes □ No

**Long Term Pet Care:**
8. If you move, do you promise to arrange for continuing care by the new landowner, take the cats with you, relocate them to another home, or contact us if you are unable to make arrangements for care? □ Yes □ No
9. Are you prepared to accept the cost of veterinary care for this cat? □ Yes □ No □ Don’t Know
10. Will you provide your working cats with warm shelter and an ongoing source of food and water? □ Yes □ No
11. Can you commit to not using rat poison as long as you have working cats? □ Yes □ No

**Animal Selection/Behaviors:**
12. As an adult, have you owned a cat? □ Yes □ No
13. How many working cats do you want?
14. Would you ever consider declawing this cat? □ Yes □ No
15. For what potential problems do you feel unprepared? Please check all that apply □ Spraying/Marking □ Not good with other animals □ Excessive grooming needs □ Too Friendly □ Medical issues □ Not good at “mousing” □ Other ____________________________

************FOR USE BY ADOPTION ADVISORS DURING DISCUSSION WITH ADOPTER************
Reviewed by _____ Date ______ N/I P/I C/A Computer check: Yes No Memo ID#________
□ Temporary Enclosure □ Permanent Enclosure □ Declaw □ Risks/Environment □ Predation/ Dogs
□ Vet Care □ Behavior

NOTES:_____________________________________________________________________________________
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