

PRE-ADOPTION QUESTIONNAIRE

KITTEN/CAT

Adviser _____ Status _____

Contact Information

Name (First)		(Last)
Street Address		APT #
City	State & Zip	
Primary Phone	Secondary Phone	
Email		

Is this a rental property? YES NO
Does your landlord allow pets? YES NO

Number of **ADULTS** in the household:

Number of **CHILDREN** in the household:

Ages of **CHILDREN**:

Do any members of your household have allergies to dogs or cats?

Are you looking for an Indoor only cat?

Are you looking for an indoor & outdoor cat?

Where are you planning to keep the litter box?

Have you ever declawed a cat? YES NO

Would you consider declawing this cat ? YES NO

On a typical day, how many hours will the cat will be alone?

What animal are you interested in meeting today?

CURRENT AND PRIOR PET HISTORY

Please list the pets that are or have been part of your family over the past 10 years. Please indicate their status using the following codes

0 Still Have

1 No Longer Have

Breed	Age	Species	Status
		Cat Dog Other	
		Cat Dog Other	
		Cat Dog Other	
		Cat Dog Other	
		Cat Dog Other	

My pets are:

Up-to-date on vaccinations? Yes No
Spayed or Neutered? Yes No
Under the care of a veterinarian? Yes No

Name of Vet Clinic _____

What traits or bad habits would you have a hard time tolerating or dealing with?

Are you prepared for a slow introduction to the new home and any resident pets?

How much are you prepared to pay per year for the care of this pet (a healthy year typically costs \$1200)?

SIGNATURE AND CONSENT (over 18 years) X _____

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 Seattle Humane.

Staff Use Only	AP
Adoption Date	_____
Animal Name	_____
Inc #	_____
Staff Initial	_____

Staff Use Only	HOLD	
Animal Name	_____	
Inc #	_____	
Staff Initial	_____	
PERSON ID:	_____	
Paid	Comp	Foster
_____	_____	_____

*****For Office Use Only*****

Reviewed By _____ Date _____ Computer Check _____ ID# _____

	Housoiling		Declaw		In/out		Intro to pets		Intro to home
	All to meet		Medical/ Behavior		2 nd consult		waivers		Cost

*****For Office Use Only*****