

PRE-ADOPTION QUESTIONNAIRE

WORKING CAT

Adviser _____ Status _____

Contact Information

| | |
|-----------------------|------------------------|
| Name (First) | (Last) |
| Street Address | APT # |
| City | State & Zip |
| Home Phone | Cell 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 : |
| Have you had a working cat before? YES NO |
| Why do you want a working cat? |
| How large is your property in acres or square feet? |
| What kind of permanent structure will the working cat reside in on your property? <i>(circle all that apply)</i> <input type="checkbox"/> Closed Barn <input type="checkbox"/> Open Barn <input type="checkbox"/> Closed Shed <input type="checkbox"/> Open Shed <input type="checkbox"/> Garage <input type="checkbox"/> Free-Standing cat house <input type="checkbox"/> Other (please describe) _____ |

CAT NAMES: (working cats must be adopted in pairs)

We recommend, at minimum, 1 full month transition before giving the cats access to the outdoors. Can you commit to this suggested plan?

Would you ever consider declawing?

Can you provide your working cats with a warm shelter and an ongoing source of daily food and fresh water?

Do you prefer the working cats be friendly?

Do you promise not to use rodent poison as long as you own these cats?

Have you seen any predators on or near your property?

Do you live near a busy street?

If you have dogs, how will you manage their interactions?

Are you prepared to accept the cost of veterinary care for these cats?

If you move or travel, can you arrange for ongoing care or relocate them to a home that will?

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# _____

| | | | | | | | |
|--|--------------------|--|-----------|--|--------|--|-------------------|
| | 1 Month Transition | | Declaw | | Set-Up | | Medical/ Behavior |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Waiver | | Dusk/Dawn | | TRAP | | FIV/FELV |

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