

Pets Lifeline Adopter Survey – Feline

Date: _____
Cat: _____

Name(s) _____	Driver's License # _____		
Home Address _____	City _____	State _____	Zip _____
Phone(s) () - H () - W () -	Cell _____		
Email: _____			
Number of Adults: _____	Are you over 18? <input type="checkbox"/> yes <input type="checkbox"/> no		
people in home: Children (# and ages) _____	Do you have any children that visit the household regularly? _____ How often? _____		
Is everyone in agreement about getting this particular animal? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, please explain: _____	
What is your housing? _____		How long at this address? _____	
<input type="checkbox"/> House <input type="checkbox"/> Apartment/Condo <input type="checkbox"/> Mobile Home <input type="checkbox"/> Military			
Do you: <input type="checkbox"/> Own <input type="checkbox"/> Live with Parents <input type="checkbox"/> Rent (Landlord's Name/Ph #:() -)			

YOU AND YOUR HOUSEHOLD
Cat Experience: <input type="checkbox"/> First Time Owner <input type="checkbox"/> Have had 1 or 2 <input type="checkbox"/> Knowledgeable and Experienced
Household Activity Level: <input type="checkbox"/> Quiet <input type="checkbox"/> Active <input type="checkbox"/> Very Active
Time Away from Home: <input type="checkbox"/> Home all day <input type="checkbox"/> Away 2-4 hrs/day <input type="checkbox"/> Away 4-7 hrs/day <input type="checkbox"/> Away 8+ hrs/day
Is there employment in the family? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where/occupation? _____
Reason(s) for wanting a cat? <input type="checkbox"/> Companion (for <input type="checkbox"/> Child <input type="checkbox"/> Family <input type="checkbox"/> Other Person) <input type="checkbox"/> Gift <input type="checkbox"/> Mouser
Any pet allergies in the family? <input type="checkbox"/> No <input type="checkbox"/> Yes
Who will primarily be responsible for the cat's care? _____
What options do you have if you could no longer keep this cat? _____

PREFERENCES FOR A PET
Breed(s): _____ Size: <input type="checkbox"/> 2-9 lbs <input type="checkbox"/> 10-20 lbs <input type="checkbox"/> No Preference
Coat: <input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long <input type="checkbox"/> No Preference Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No Preference
Age: <input type="checkbox"/> 8-16 wks <input type="checkbox"/> 4-12 mos <input type="checkbox"/> 1-3 yrs <input type="checkbox"/> Older: _____ <input type="checkbox"/> No Preference
The cat needs to be <input type="checkbox"/> Calm <input type="checkbox"/> Active <input type="checkbox"/> No Shedding <input type="checkbox"/> Good with Dogs <input type="checkbox"/> Good with Cats
<input type="checkbox"/> Litter Box Trained <input type="checkbox"/> Good with Children <input type="checkbox"/> Declawed <input type="checkbox"/> Quiet

CARE AND HOUSING OF CAT

Where will your cat be kept during: The day _____ At night _____
 How will you keep your cat confined to your property? In house Supervision Garage Cat-Fenced Yard Cat Enclosure Allowed in neighborhood Other _____
 How often do you expect to have to clean the litter box(es)? _____
 Where will they be kept? _____
 How long will you keep your cat indoors before allowing it out? _____
 Who is your veterinarian? _____ When/what was your last vet visit? _____
 Have your current cats, if any, been tested for Feline Leukemia and Feline AIDS? _____

PETS CURRENTLY IN YOUR HOUSEHOLD

Name	Breed	Age	Sex - S/N?	Kept in day?	Kept at night?	Time owned

PETS FORMERLY IN YOUR HOUSEHOLD (5 YEAR HISTORY)

Breed	Age	Sex - S/N?	Kept in day?	Kept at night?	Time owned	What happened to pet?

Have you ever brought an animal to a shelter? No Yes
 If yes, what were the circumstances? _____

I AGREE THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I GIVE PLL MY PERMISSION TO VERIFY ANY INFORMATION PROVIDED ON THIS SURVEY.

 Adopter's Signature

 Co-applicant's signature

FOR STAFF USE ONLY

PLL Employee
 Reviewing: _____ Date: _____ Approved? _____ Denied? _____
 Reason for denial: _____
 _____ Approval Pending:
 _____ Landlord/Parent Approval (date) _____ Applicant informed: _____
 Cat info: Tested with dogs Good with cats Declawed Special Diet
 Special considerations: _____
 Comments: _____

