



Cat Adopter Survey

Date: _____ Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip _____

Mailing Address (if different): _____

Home Phone: _____ Work Phone: _____ Email: _____

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|----|--|-----------------|-----------------------|----------------------|------------|----------------------------------|
| 1 | I have owned a cat before | Yes | No | | | |
| 2 | Last time I had a cat was... | 2-10 yrs. ago | More than 10 yrs. ago | Within the last year | Never | |
| 3 | My cat needs to get along with other cats | Yes | No | | | |
| 4 | My cats needs to be good with... | Children over 8 | Children under 8 | Dogs | Cats | Animals other than cats and dogs |
| 5 | My cat will primarily be... | An inside cat | An outside cat | | | |
| 6 | How many hours will your cat spend outside | _____ hrs | | | | |
| 7 | I want my cat to be playful | Not at all | Somewhat | Very | | |
| 8 | I want my cat to be a cuddler/lap cat | Not at all | Somewhat | Very | | |
| 9 | I want my cat to be independent | Not at all | Somewhat | Very | | |
| 10 | I want my cat to be social and outgoing | Not at all | Somewhat | Very | | |
| 11 | My cat needs to be able to be alone | 2 hrs. or less | 4 hrs or less | 8-10 hrs/day | 12 hrs/day | |
| 12 | I have considered owning a declawed cat | Yes | No | | | |

Please tell us about your pets:

Name: _____ Age: _____ Type of Animal: _____

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