

# CAT ADOPTION SURVEY 2015

Conway Area Humane Society

First name	Last Name	date					
mailing address _____							
physical address _____							
Rent	Own	(circle one)					
home phone _____	work phone _____	cell phone _____					
email address _____							
1	Do you have any prior experience caring for a cat?	yes	no	currently own			
2	The last time I owned a cat	< 1yr	2 to 10 years ago	10+			
3	My cat needs to get along with ? List, breeds and ages	cats	dogs	birds	other		
		1	2	3			
4	My cat needs to get along with elderly people	visitors	children under 8 other	children over 8			
5	My cat will primarily be	inside	outside	both			
6	If outside, how many hours will your cat spend outside per day _____						
7	My cat will need to be able to left alone (per day)	less than 2 hours	2 to 4 hours	4 to 8 hours	8 + hours		
8	When I'm home, I want my cat to be with me or my family	all the time	some of the time	little of the time			
9	List the name of the veterinarian's office that cared for your current/prior pets						
9	What best describes the activity level of your home	school room	play yard	carnival/zoo	Library/church perpetual motion		
11	My ideal cat would be:	family member	social	companion			
		lap cat	cuddle	best friend	independent		
		barn cat	love seeker	hide and seeker			
12	I want my cat to greet and show affection to the people he/she meets:	All the time	Some of the time	Not at all			
13	My ideal cat will be:	calm and mellow	laid back				
		playful some of the time	very playful	high energy and playful			
14	I am willing to work with a cat with special needs in:	medical	yes	no	behavioral	yes	no
15	I would like information on how to save on these products:						
	Flea and Tick preventative	Life guarenteed leash or collar					

