



Cleveland Animal Protective League
"Making Happily Ever Afters Since 1913"
Cat Adopter Survey



Today's Date: / / First Name: Last Name:
Address Apt. #
City State Zip Code
Primary Phone () Secondary Phone ()
Email Address

Do you rent or own your home? Own Renting/Sharing housing
 Rent *Landlord Name/Number _____

Are there any restrictions on animal ownership at your residence? (YES NO) If yes, circle one: Weight /Species / City (Explain) _____

Have you had a cat before? Yes No **This cat is for:** Myself My family A gift

Please list the pets currently living in your home:

Name	Species/Breed	Age	Spayed/Neutered	Last Vaccinated
			Y/N	
			Y/N	
			Y/N	
			Y/N	

***Do you currently have a veterinarian for your animals? (YES NO)** If so, who and where? _____

Please list the people currently living in your home:

Name	Relationship	Age
Self		

What qualities are you looking for in your new pet? Check all that apply

- Comfortable with children ages: _____
- Good with shy cats Good with outgoing cats Cuddly/Affectionate
- Catches mice Independent/Sassy No health issues
- Good with active dogs Good with mellow dogs Mellow
- Playful Declawed Other _____

This cat will be: Indoor Only Indoor/Outdoor Outdoor Only

Please check any topics you may have questions/concerns about that you would like to discuss with us:

- Litterbox issues Cats and children Exercise and playtime recommendations
- Introducing to other pets Allergies Veterinary care
- Scratching behavior Indoor vs. outdoor cats Microchipping Other _____

It's most important to me that my cat is? _____

How did you hear about the Cleveland APL? _____

For internal use only

Staff Initials: _____

Met with: _____ (Person Number) _____

***Driver's License Information:**

Identification Number	DOB	Address

Counseled On:

Behavior Adjustment Time Post-Operative Training
Declawing Pet Introduction Illness Litterbox Issues

Notes:

Was "Where did you hear about us?" answer logged? No Yes

Identification Number	DOB	Address