



Cat(s) Names Interested In: _____

Name: _____
 Address: _____ City _____ St _____ Zip _____
 Home # _____ Cell # _____ Work # _____

Do you drive and/or have transportation? Yes _____ No _____

CAT PREFERENCES
 Male _____ Female _____ No Preference _____
 Short hair _____ Med hair _____ Long Hair _____
 Size when grown Small _____ Medium _____ Large _____

Where will your cat be kept? Indoor _____ Outdoor _____ Mostly indoor _____ Mostly Outdoor _____
 Is this your first pet? Yes _____ No _____
 If other pets, please list what you have (dogs, cats, etc), their age, breed and if they are spayed/neutered:

HOME & FAMILY
 Own Home _____ Rent Home _____ Rent Apt _____ Other _____
 If other, please explain: _____

 If renting, does landlord allow pets? Yes _____ No _____ Security deposit required? Yes _____ No _____
 Do you have a pet or dog door? Yes _____ No _____
 Do you have a pool? Yes _____ No _____ Is pool fenced? Yes _____ No _____
 Do you have children? Yes _____ No _____ How many: _____ Ages: _____
 If yes, do they live at home or visitation? Live at home _____ Visitation _____
 Anyone allergic to dogs or cats? Yes _____ No _____
 Is this a gift? _____
 How many hours daily will the cat(s) be left alone? _____
 When you are gone where will cat be kept? Inside _____ Outside _____ At night? Inside _____ Outside _____

HOUSEHOLD ACTIVITY
 Very active, _____ always on go
 Moderate active, _____ at home few nights
 Not very active, _____ at home 5-7 nights
 Somewhat, _____ always home
 If you are out of town what will you do with the cat? *Check one*
 Take cat with you _____ Leave with family or friend _____ Leave cat alone _____ Board _____
 If you move, what do you plan to do with the cat? *Check one*
 Take cat with _____ Find another home _____ Return cat to rescue _____

Would you consider cat with special needs? Yes _____ No _____ Possibly _____
 How did you hear about us? _____