



P.O. Box 1777 Columbia, SC 29202 ♦ PH 803.407.0991 ♦ FX 803.407.0996 ♦ petinfo@projectpet.com ♦ www.projectpet.com

### Cat/Kitten Adopter Survey

*Adopting a cat is a serious, long-term commitment. Please complete this survey and return it to the Project Pet Adoption Team. This information will help us find the right cat to join your family!*

Name	Spouse/Partner/Roommate		
Address	City	State	Zip Code
Home Phone	Work Phone	E-Mail Address	
Occupation	Employer	Work Schedule	
Age: <input type="checkbox"/> Under 21 <input type="checkbox"/> 21 – 30 <input type="checkbox"/> 31 – 40 <input type="checkbox"/> 41 – 50 <input type="checkbox"/> 51 – 60 <input type="checkbox"/> 61 – 70 <input type="checkbox"/> 71 – 80 <input type="checkbox"/> Over 80			
<b>Please list three personal references and their relationship to you:</b>			
Name	Relationship		Phone
Address	City	State	Zip Code
Name	Relationship		Phone
Address	City	State	Zip Code
Name	Relationship		Phone
Address	City	State	Zip Code

<b>Your veterinarian:</b>		
Name	Address	Phone
Can we contact your veterinarian for a reference? <input type="checkbox"/> yes <input type="checkbox"/> no		

<b>Please describe the kind of cat you are interested in adopting:</b>				
Age	Sex	Reason for sex preference?		
Breed/mix	Size	Coloring	Hair Type	Temperament
Can you commit to care for this cat for its whole life?		Why do you want a cat?		
Why do you like the breed/mix you are interested in?		Have you owned this breed/mix before?		
Why would you like to adopt a pet from Project Pet? <input type="checkbox"/> Companion <input type="checkbox"/> Gift <input type="checkbox"/> To Breed <input type="checkbox"/> For a Child				
<input type="checkbox"/> Companion for Another Pet <input type="checkbox"/> Other:				

<b>Please provide the following information about your pets (if any), your children (if any) and your home:</b>		
<b>Your dogs:</b>		
How many dogs do you have?	Breed/mix	Ages
If none, have you owned any dogs in the last 10 years?		What happened to them?
Any behavior problems?	Any dominance problems?	Do they get along with cats?
Are pets spayed/neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?		

Are pets on heartworm preventative?  Yes  No What type:

**Your children:**

Do you have children?            Number            Ages

Do any of your children or any other person residing in your home have allergies to pets?            If so, how will you deal with this?

Have you planned to have children, and if so, what will happen to the cat?

**Your cats:**

How many cats do you have?            Ages            Any behavior problems?            Do they get along with other cats?

If none, have you owned any cats in the last 10 years?            What happened to them?

Any behavior problems?            Any dominance problems?            Do they get along with dogs?

Are any of your cats declawed?  Yes  No Were they declawed at the time you acquired them or did you have it done?

Have your cats been spayed/neutered?  Yes  No Are they up to date on vaccines?  Yes  No Last Vet visit

**Your home:**

Number of adults?             Own  Rent If you rent, do you have written permission from your landlord to have a cat?

Landlord's name            Telephone Number

Is it an  apartment  duplex  townhouse  single house  mobile home  other

Is anyone in your home allergic to cats?  Yes  No If so, how will this be handled?

**How will your cat spend its days? (Check everything that applies)**

Indoors with whole or part house access  Outdoors  Crated  Basement  Garage  Open Porch  
 Screened porch  Sun room  Locked in room  Barn  Cat House

**How will your cat spend its nights? (Check everything that applies)**

Indoors with whole or part house access  Outdoors  Crated  Basement  Garage  Open Porch  
 Screened porch  Sun room  Locked in room  Barn  Cat House

**What will happen to your cat when you have to travel or have an emergency away from your home?(Check everything that applies)**

Pet sitter  Family member  Board at kennel  Will take with me  Leave in yard  Leave in house

**How many hours do you think you pets alone each day while your work?**  2-4  4-6  6-8  8-10  10-12  12-14

**Home visit.** I/we agree to allow you to visit my/our home by appointment as part of our application or your follow-up process.  Yes  No

**Application Information.** All of the information I/we provided in this application is true and correct. If any of the information changes, I/we will advise you promptly.  Yes  No

Date:

Signature

Project Pet Adoption Counselor

Spouse/Partner/Roomate's Signature

Approved  Yes  No If not, why?

If approved, the animal(s) being adopted is/are:

If not approved, were they given a referral to another agency?  Yes  No If so, who?

**Project Pet Adoption Team members are experienced animal welfare volunteers and their decision to adopt or decline will be final.**

*Project Pet is a 501©3 non-profit private organization funded by private donations and fund raising activities.*