

# **RCHS CAT ADOPTION SURVEY**

PLEASE PRINT CLEARLY

Name:			Date:
Address:		Apt/Unit#	Tel#Home:
City	State	Zip	Cell#:
Email:			Work#:

Are you... (check one)  18-20  21-25  26-35  36-59  60+

 Which cat(s) are you interested in? \_\_\_\_\_

1. What best describes your cat experiences?

<input type="checkbox"/> I've never had a cat	<input type="checkbox"/> I've had a cat but it has been over a year	<input type="checkbox"/> I have had a cat in the last year but no longer have one	<input type="checkbox"/> I currently have one or more cats
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2. I would describe my household as:

<input type="checkbox"/> A place with constant activity and noise	<input type="checkbox"/> Sometimes noisy, sometimes quiet	<input type="checkbox"/> Quiet and calm most of the time
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3. My cat must be good with (check all that apply):

<input type="checkbox"/> Cats	<input type="checkbox"/> Dogs	<input type="checkbox"/> Kids	<input type="checkbox"/> Other (list below)
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4. When I am not at home, my cat will be:

<input type="checkbox"/> In the garage	<input type="checkbox"/> Outside or in the yard	<input type="checkbox"/> Confined to one room	<input type="checkbox"/> Loose in the house
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5. When I am at home, my cat will be:

<input type="checkbox"/> In the garage	<input type="checkbox"/> Outside or in the yard	<input type="checkbox"/> Confined to one room	<input type="checkbox"/> Loose in the house
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6. I want a cat who (check one per box):

Interacts with house guests <input type="checkbox"/> All the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Not Important	Can be alone <input type="checkbox"/> More than 9 hours per day <input type="checkbox"/> 4 - 8 hours per day <input type="checkbox"/> Less than 4 hours per day	Likes to be by my side <input type="checkbox"/> All the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Not Important
Enjoys being held <input type="checkbox"/> All the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Not Important	Enjoys being with children <input type="checkbox"/> All the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Not Important	Is playful and active <input type="checkbox"/> All the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Not Important
Is vocal or talkative <input type="checkbox"/> All the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Not Important	Can adjust to new situations <input type="checkbox"/> All the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Not Important	Can be outside <input type="checkbox"/> Sometimes <input type="checkbox"/> Only on harness <input type="checkbox"/> Never

7. My cat's nails will be maintained by:

<input type="checkbox"/> Trimming his/her nails	<input type="checkbox"/> Providing scratching posts	<input type="checkbox"/> Declawing	<input type="checkbox"/> Don't know
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8. Additional preferences (check all that apply):

<input type="checkbox"/> I'm open to an older cat	<input type="checkbox"/> I'm open to a cat with special needs ( <i>behavior or medical needs</i> )	<input type="checkbox"/> I'm open to a cat who has a buddy ( <i>Like siblings or "two for the price of one" adoption</i> )
<input type="checkbox"/> I'm open to completing the counseling and adoption process over the telephone.		