

HUMANE SOCIETY OF GREATER AKRON

Adopter Profile – Cat

Thank you for filling out this profile. The information you provide will help us to help you find the cat that best matches you and your family.

Drivers License # _____

Name _____

Address _____

City _____

State _____

Zip _____

Day Phone _____

Evening Phone _____

Email _____

Are you at least 18 years of age Yes No

How did you hear about us? Previous Adoption Newspaper Word of Mouth Television

PetFinder Webpage HSGA booth at event Other

GENERAL INFORMATION

Are all adults in the home aware that you are adopting today? Yes No

Does anyone in the household have allergies? Yes No

Are there children in the home? Yes No If yes, list their age(s) _____

If no, do children visit? Yes No If yes, list their age(s) & how often _____

Have there been animals in your home in the last 5 yrs.? Yes No If yes, please complete the following:

Cat/Dog	Age	Spay/Neuter	Where does/did he/she primarily live	Still with you?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

If there are animals in the home now, are they current on their vaccinations? Yes No

Who is your veterinarian? _____ Phone Number _____

Housing (check all that apply) Own Rent House Apartment Condo Live with Parents Mobile

If renting, name & phone number of landlord:

Who will be the primary caretaker of the cat? _____

CAT QUALITIES & PERSONALITY PREFERRED (check all that apply):

Age Preference 2-12 months 1-4 yrs 5-7 yrs Mature No preference
Personality Traits lap cat good companion for other cats special needs cat (needs extra TLC)
 declawed loves to spend time outdoors independent (macho/queen syndrome)
 affectionate easy going/well adjusted companion for dog
 playful good hunter/mouser good with kids

I am looking for a cat that can be left alone for _____ hours a day.

YOUR CAT EXPERIENCE (check all that apply):

First time cat owner Have owned multiple cats
 Have owned cats with behavior problems; knowledgeable & experienced owner – I have worked with cats that had: litter box issues aggression issues fear issues aggression towards other cats scratching issues
 other issues: _____

HOUSING: I have cats that have lived:

indoors only indoors and went outdoors occasionally indoors and went outside when the cat wanted
 spent most of the time outdoors outdoors only barn/garage

In the past, were there pets that did not work out for you? Yes No

If yes, explain _____

How long will you give your cat to adjust to your home? _____
Are you willing to confine the cat for a period of time if it will help ensure a successful transition from shelter to home? Yes No

Do you object to a representative visiting your household sometime in the near future? Yes No

CAT'S HOUSING (check all that apply):

Daytime: House Basement Garage Outside Barn Other: _____
If outside, Free roam Under supervision only

Night : House Basement Garage Outside Barn Other: _____
If outside, Free roam Under supervision

Where will you be keeping the litter box? _____
After the cat has adjusted to your home, will he/she be living in the same areas checked above? Yes No
If no, explain _____

INFORMATION (check the topics on which you would like information)

<input type="checkbox"/> Scratching	<input type="checkbox"/> Starting out right with the litter box	<input type="checkbox"/> Cat rivalry
<input type="checkbox"/> Territorial marking	<input type="checkbox"/> Litter box problems	<input type="checkbox"/> Spay/neuter
<input type="checkbox"/> Indoors vs outdoors	<input type="checkbox"/> Cat aggression	<input type="checkbox"/> Introducing cats to other pets
<input type="checkbox"/> Kitten behavior & development	<input type="checkbox"/> Annual cost of food, vaccinations, etc.	<input type="checkbox"/> Other: _____

Who will provide care for your cat when you are out of town? _____

Adoption Counselor Signature _____ Date _____

Comments: _____

