



### CAT ADOPTION QUESTIONNAIRE

Name of Animal \_\_\_\_\_ Animal ID# \_\_\_\_\_

#### APPLICANT INFO

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

**Circle the option on each line that you feel best suits you and your home:**

I consider my home to be most like:	A library (calm & quiet)	Middle of the road (sometimes quiet, sometimes a lot going on)	Grand Central Station (We have lots of people coming and going and a lot going on most of the time)
I am comfortable with a cat that likes to play, is boisterous and may get into things:	Yes	Some of the time	No
I want my cat to interact with guests that come to my home:	Little of the time	Some of the time	Most of the time
My cat needs to be able to be alone for:	Less than 4 hours a day	4-8 hours a day	More than 8 hours a day
When I am home, I want my cat to be by my side or in my lap:	Some of the time	Most of the time	All of the time
I want my cat to be active:	Not very active	Middle of the road	Very active
I want my cat to enjoy being held	It does not matter	Some of the time	All of the time
My cat will be:	Inside only	Inside and outside	Outside
It is important to me that my cat: _____			



**How did you hear about P.A.W.S.?**

- Friend/Family 
  Social Media (Facebook/Twitter) 
  Friends of Pflugerville Animal Shelter  
 Television/Radio 
  City Website 
  Adoption Event 
  Other \_\_\_\_\_

Do you:  Own  Rent

If you rent, please list the landlord or rental agency's contact information:

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Does your rental agreement allow you to have a dog of this size and breed? \_\_\_\_\_

Number of People in the Household: Adults \_\_\_\_ Children \_\_\_\_ Ages of Children \_\_\_\_\_

Have you applied to adopt a pet from P.A.W.S. before?  Yes  No If so, how long ago? \_\_\_\_\_

What kind of pet?  Cat  Dog  Other

If you have previously adopted from us, what happened with that pet? \_\_\_\_\_

**Provide the following information about any animals in your home (even if they do not belong to you):**

Name	Type	Age	Gender	Spayed or neutered?	Time in your care	Last Vet Visit

Are your pets up to date on vaccinations? \_\_\_\_\_ Are your dogs on heartworm prevention? \_\_\_\_\_

Do you have a veterinarian?  Yes  No Vet Clinic Name & phone \_\_\_\_\_

Please check any topics you'd like to discuss with an adoption counselor:

- Feeding your pet  Challenging Behaviors  
 Introducing your new pet to other pets  House Training  
 Grooming/Training  Behavior Issues  
 Where to keep your pet during the day, at night, or while at work.  Other \_\_\_\_\_

***I certify that all information provided is true and understand that false information may nullify this application and authorize Pflugerville Animal Welfare Services to verify the above information.***

**Applicant Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_