

# Cat Adopter Profile



**STAFF USE ONLY**

**Next Steps:**

**Animal:**

**Over 18** \_\_\_\_\_ **ID verified** \_\_\_\_\_

**Date:**

<b>First Name</b>	<b>Last Name</b>	
<b>Physical Address</b>	<b>Apt./Unit #</b>	
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Mailing Address (if different)</b>	<b>Apt./Unit #</b>	
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Home # ( )</b>	<b>Cell # ( )</b>	<b>Work # ( )</b>
<b>Email</b>		
<small>By providing your email you are consenting to receive communications from Pethealth, Inc. re: pet health insurance and microchip details</small>		

<b>In terms of activity &amp; noise, I would consider my household to be like...</b>	a library	middle of the road/average	the Champlain Valley Fair
<b>I have owned a cat before</b>	YES	I currently own cat(s)	NO
<b>My cat needs to get along with other animals</b>	YES	NO	maybe
	List type(s) of animal(s), age & gender:		
<b>My cat needs to be good with...</b>	infants/toddlers	older children	adults
	young children	elderly people	everyone!
<b>My cat will be...</b>	inside	inside & outside	outside
<b>I would prefer a declawed cat</b>	YES	NO	maybe/unsure
<b>I would rather have a cat that is...</b>	affectionate/cuddly	playful	independent
<b>My cat needs to be able to adjust to new situations quickly</b>	YES	somewhat	not important
<b>I am comfortable &amp; willing to do some training with my cat to improve manners such as play biting, scratching furniture, and getting into things around the house</b>	YES	NO	maybe
<b>I would consider a cat with special needs (special diet, meds, deaf, blind, etc.)</b>	YES	NO	maybe

**It's most important to me that my cat...**

**I could not tolerate a cat that...**

**I would like information on...**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 1st-time cat owner checklist       | <input type="checkbox"/> Finding a vet                            | <input type="checkbox"/> Play biting/rough play/deterrants |
| <input type="checkbox"/> Introducing cat to new home        | <input type="checkbox"/> Litter box history/training & tips       | <input type="checkbox"/> Picky eaters/Fatty Liver Disease  |
| <input type="checkbox"/> Introducing cat to current pets    | <input type="checkbox"/> Socializing shy or nervous cats          | <input type="checkbox"/> Overweight cats/Weight management |
| <input type="checkbox"/> Post spay/neuter care              | <input type="checkbox"/> Scratching/How to trim nails             | <input type="checkbox"/> Other:                            |
| <input type="checkbox"/> Upper Respiratory Infections (URI) | <input type="checkbox"/> Declawing/adopting a declawed cat        |  |
| <input type="checkbox"/> Urinary Tract Infections (UTI)     | <input type="checkbox"/> Indoor cat enrichment/outdoor cat safety |  |