



## CAT ADOPTION APPLICATION

Please fill out and bring with you  
to pet introduction meeting

# Meet Your Match!

Questions designed to help YOU find the  
pet best suited to YOUR life!

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE & ZIP \_\_\_\_\_

PHONE (Day) \_\_\_\_\_

PHONE (Evening) \_\_\_\_\_

EMAIL \_\_\_\_\_

**Please bring your Driver's License with you to the meeting!**

### YOUR HOME ENVIRONMENT:

Number of Adults in Home \_\_\_\_\_

Number of Children in Home \_\_\_\_\_

Age of Children \_\_\_\_\_

Have You Ever Given An Animal To A Shelter or To Another Person?    Yes    No

Current Animals in the Home (please include the breed and age) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do Members of Your Home Have Allergies/Asthma?    Yes    No

Do You Have or Plan To Buy A Scratching Post For You Cat?    Yes    No

If You Move, Do You Plan To Bring Your Pet With You?    Yes    No

### Type of Residence (please circle):

House                  Duplex                  Apartment                  Condo                  Mobile Home

Do You Rent or Own your Home? (If you rent, fill out Landlord Verification Form) \_\_\_\_\_

Name of Landlord & Phone \_\_\_\_\_

Length of Time at Current Address \_\_\_\_\_

Employer \_\_\_\_\_

Does Your Job Require Extensive Travel?    Yes    No

Are You Aware Of The Costs Involved With Boarding Your Animal?    Yes    No

Have You Ever Applied For An Animal With Us Before?    Yes    No

**CAT  
ADOPTION  
SURVEY**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

1 I would consider my household to be like:	<input type="checkbox"/> A library <input type="checkbox"/> Middle of the road <input type="checkbox"/> A carnival
2 I am comfortable with a cat that likes to play "chase my ankles" and similar games.	<input type="checkbox"/> No <input type="checkbox"/> Somewhat <input type="checkbox"/> Yes
3 I want my cat to interact with guests that come to my house.	<input type="checkbox"/> Little of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> All of the time
4 How do you feel about a boisterous cat that gets into everything?	<input type="checkbox"/> Love them but rather not live with them <input type="checkbox"/> Fine by me <input type="checkbox"/> Depends on the situation
5 My cat needs to be able to adjust to new situations quickly.	<input type="checkbox"/> Not important <input type="checkbox"/> Somewhat <input type="checkbox"/> Yes
6 I want my cat to love being with children in my home.	<input type="checkbox"/> Not important <input type="checkbox"/> Some of the time <input type="checkbox"/> Most of the time
7 My cat needs to be able to 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
8 When I am at home, I want my cat to be by my side or in my lap:	<input type="checkbox"/> Little of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> All of the time
9 I want my cat to enjoy being held:	<input type="checkbox"/> Little of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> All of the time
10 I need my cat to get along with: (check all that apply)	<input type="checkbox"/> Dogs <input type="checkbox"/> Cats <input type="checkbox"/> Birds <input type="checkbox"/> Other _____
11 My cat will be:	<input type="checkbox"/> Inside <input type="checkbox"/> Inside & Outside <input type="checkbox"/> Outside
12 I have lived with cats before.	<input type="checkbox"/> No <input type="checkbox"/> Yes. Date(s) _____ <input type="checkbox"/> Currently
13 I prefer my cat to be talkative.	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not important
14 I want my cat to play with toys:	<input type="checkbox"/> Little of the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Often
15 I want my cat to be active.	<input type="checkbox"/> No <input type="checkbox"/> Somewhat <input type="checkbox"/> Yes, very
16 It is important to me that my cat _____	
FOR OFFICE USE ONLY	Recommended color match: <input type="checkbox"/> PURPLE <input type="checkbox"/> ORANGE <input type="checkbox"/> GREEN Recommended Feline-ality™ (ies) _____



## Landlord Verification

Please fill out and bring with you  
to pet introduction meeting

As the owner of the property at, \_\_\_\_\_

I give permission for my tenant, \_\_\_\_\_ to have a cat or dog on  
the premises.

Unrestricted \_\_\_\_\_

OR with the following restrictions:

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Date: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_

Landlord's Signature: \_\_\_\_\_

**Hiawatha Animal Humane Society**

P.O. Box 215 Lake City, MN 55041

651.448.0396

[www.hahumanesociety.org](http://www.hahumanesociety.org)