

Name (first and last): \_\_\_\_\_ Date: \_\_\_\_\_

Primary phone: (        )        -        Secondary phone: (        )        -

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Why type of home do you live in?:  Neighborhood  Townhome  Home with land  Mobile home

Apartment  Condo  Duplex  Other: \_\_\_\_\_

Do you own or rent?:  Own  Rent    How long have you lived in this home?: \_\_\_\_\_

If renting, please provide the name of the property management or landlord: \_\_\_\_\_

Phone number: (        )        -

Do you live alone or with others?:  Alone  Spouse/ partner  Roommate(s)  Parents  Other: \_\_\_\_\_

I have adopted an animal from Harbor Humane Society in the past:  No  Yes: \_\_\_\_\_

I have owned cats in the past:  No  Yes

I would consider my household to be:  A library  A carnival  Middle of the road

My cat needs to get along with:  Children under 8 years old  Elderly people  Special needs individuals

My cat must be able to live with:  Cats  Dogs  Other: \_\_\_\_\_

My cat will primarily be:  Indoor  Outdoor  Indoor/Outdoor

My cat needs to be alone (per day) for:  Less than 4 hours  4-8 hours  Over 9 hours

I want my cat to be:  Active  Playful  Couch potato  Laid-back  Independent  Very affectionate

Easy to handle  Other: \_\_\_\_\_

I am interested in adopting a special needs cat (medical or behavioral):  No  Yes

If so, I am most comfortable working with: \_\_\_\_\_

My cat needs to be able to adjust to new situations quickly:  Not important  Somewhat  Yes

I am willing to take on a cat that requires regular grooming:  No  Yes

I would like to have my new cat declawed:  No  Yes  I want a cat that is already declawed  Unsure

I would like to discuss how to introduce my cat into my home:  No  Yes

The most important relationship my cat will have is with:  Me  Me and my friends  Me and my family  
 My children  Other animals

It is most important to me that my cat: \_\_\_\_\_

Please list all animals currently living in the home:

Species	Name	Breed (size)	Age	Sex	Spayed/ Neutered	Indoor/ Outdoor	Time owned

Name of your current veterinarian/ clinic: \_\_\_\_\_

Phone number: (        )        -

Under whose name are the records kept?: \_\_\_\_\_

*I authorize my veterinarian to release medical records to Harbor Humane Society.* \_\_\_\_\_ (initial)

Topics I would like to discuss with adoption counselors:  Feeding habits and nutrition  Grooming and care

Switching/ finding a veterinarian  Microchips and identification  Vaccines and preventative care

Nail trimming/grooming  House/Litter box "training"  Kitten raising

Appropriate exercise, toys, activities

Other topics I would like to discuss: \_\_\_\_\_

