



Name _____
Address _____
City _____ State _____ Zip _____

Phone (Primary) _____
Phone (Alternate) _____
Email _____

Check here to be excluded from PHS email list.
 Yes No

Would you like to hear about our Senior for Senior program?

How Can We Help You Today? I found the cat I want to adopt I need help selecting a cat

Type of Housing

Do you: Own Rent Parent's Own Parent's Rent
Do you live in a: House Apartment Condo Mobile Home
Do you live: Alone With Partner With Roommate(s) With Parent(s)
How would you describe your living environment? Calm & Quiet Not too hectic Very Busy

If you rent, may we contact your landlord? Yes No

Landlord Name _____ Phone _____

Names of **Adults** in household: _____
 Names and ages of **Children** in household: _____

Describe all **current** pets:

Type of Pet	Age	Sex	Spayed/Neutered	Kept in/out?	How long have you owned?

Describe any **other** pets owned within the last five years:

Type of Pet	Age	Sex	Spayed/Neutered	Kept in/out?	What happened to pet?

How would you describe your experience with cats?

Currently have a cat(s) I have never owned a cat.
 I have had cats over the years I had a cat(s) as a kid, but not as an adult.

Where will the cat be kept?

Daytime: Indoors Outdoors Indoor/Outdoor In the Garage
 Nighttime: Indoors Outdoors Indoor/Outdoor In the Garage

Length of time animal will be left alone?

0-4hrs/day 4-8 hours/day 8-12 hours/day >12 hrs/day

How will you manage your cat's nails?

Frequent Nail Trimming Soft Paws Scratching Posts Allow Cat to Scratch Furniture Other _____

Would you prefer a declawed cat?

Yes No No Preference

Age Preference: 8-16 weeks 4-12 months 1-3 years Older

Sex Preference: Male Female No Preference

Coat Type: Short Medium Long No Preference

Energy Level: Low (Lap-Cat) Medium (Playful) High (Active)

My signature below confirms that all of the above information is current, correct and complete to the best of my knowledge. I acknowledge that I am fully aware that any false or incomplete information is proper grounds for the denial of this adoption.

Signature _____ Date _____

I have received the handout describing Upper Respiratory Infections, and my Adoptions Counselor has answered my questions regarding URI.

Signature _____ Date _____