

Conway Area Humane Society ~ Cat Compatibility Survey

Thank you for coming to the Conway Area Humane Society. Please fill out this form completely so we may help you find your paw-fect match.

_____ CAHS# _____ DATE _____
Name of Animal(s) you are interested in adopting

Getting to know you . . .

Name _____ Drivers License # _____ State _____

Physical Address _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Other Phone _____

Email Address _____

How long have you lived at this address? <6 months 6 mos - 2 yrs 2-5 yrs 5+ yrs

Do you plan on moving within the next year? yes no

If yes what will you do with your new pet?

Do you live in a: house apartment condo mobile on own land mobile in a park

Do you: own rent live with family live with friends/roommates

Are you at least 18 years old? yes no

We want to ensure that your new pet will be welcome and secure in its new home. Moving and landlord issues are two of the top five reasons pets are relinquished to shelters. Therefore the owner of the home, or property manager of the community you live in, must give permission for your new pet to move in.

If you own your own home, would you be willing to provide some form of home ownership verification?
 yes no

If you do not own your own home:

Have you discussed adopting a pet with your landlord/parents/roommates?

yes no plan to after choosing a pet

Does your landlord require any pet deposit/fee/rent?

yes ~ not yet paid yes ~ already paid no unsure

Your landlord/parent/roommate/property manager's name(s) _____

And Phone Number _____

I can provide a copy of my lease/pet agreement

Employer _____

Amount of time spent at work each day (including travel time)

Spouse/Significant Other's

Employer _____

Amount of time spent at work each day (including travel time)

Your Paw-fect Match

Cat Experience

first time owner had 1 or 2 knowledgeable and experienced

Is anyone in the home nervous or unsure of cats? very moderately n/a

Time away from home - *check all that apply*

home all day out part-time away 7-10 hours daily away for weekends frequent trips

What arrangements will you make for you cat while you are traveling?

Cat Habitat

Do you prefer a cat that will enjoy - *check all that apply*

living indoors being outside with supervision coming and going independently living outdoors

living in a barn or garage

Would you enjoy brushing or grooming a cat? rarely occasionally weekly daily

Home Atmosphere

very active/on the go noisy/a lot of frequent visitors some activity quiet/serene

Please describe the temperament and activity level you are looking for in a cat. *Check all that apply*

zippy, high energy mellow, easygoing lap cat very affectionate kitten-like responsive

independent talkative quiet

Bad kitty habits you just can't tolerate are:

Your Household

Number of adults living in the household _____

Have all adults agreed to add a new cat to the household? [] yes [] no [] plan to discuss

Does anyone in the household have known allergies to cats? [] yes [] no If yes, plans for coping with new cat are: _____

Ages of children living in the household or visiting frequently _____

Who will be primarily responsible for the care of your new pet? [] children [] adults [] other

Have you ever adopted from the Conway Area Humane Society? [] yes [] no

Have you ever adopted from any other animal shelter? [] yes [] no

If yes, which shelter? _____

Please tell us anything else you would like us to know about you or the cat you are looking for:

Your Pets

Please tell us about the pets you have now or have had in the past five years.

Name _____ Type/Breed _____

Age: [] <6 months [] 6 mos - 2 yrs [] 2-7 [] 7+ yrs

Sex: [] male [] female

Spayed/Neutered? [] yes [] no If no, why? _____

Animal stays where? *Check all that apply*

[] living indoors [] being outside with supervision [] coming and going independently

[] living outdoors [] living in a barn or garage

Do you still have this pet? [] yes [] no [] deceased [] went missing [] re-homed [] other

Explain _____

Name _____ Type/Breed _____
Age: [] <6 months [] 6 mos - 2 yrs [] 2-7 yrs [] 7+ yrs
Sex: [] male [] female
Spayed/Neutered? [] yes [] no If no, why?

Animal stays where? *Check all that apply*
[] living indoors [] being outside with supervision [] coming and going independently
[] living outdoors [] living in a barn or garage
Do you still have this pet? [] yes [] no [] deceased [] went missing [] re-homed [] other
Explain _____

Name _____ Type/Breed _____
Age: [] <6 months [] 6 mos - 2 yrs [] 2-7 yrs [] 7+ yrs
Sex: [] male [] female
Spayed/Neutered? [] yes [] no If no, why?

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Animal stays where? *Check all that apply*
[] living indoors [] being outside with supervision [] coming and going independently
[] living outdoors [] living in a barn or garage
Do you still have this pet? [] yes [] no [] deceased [] went missing [] re-homed [] other
Explain _____

Have you ever taken an animal to a shelter? [] no [] yes
Circumstances: _____

Who is your current Veterinarian/Vet Clinic? _____

City _____ State _____ Phone _____

Are your pets current on their vaccinations? yes no unsure

Past Veterinarian or a personal reference:

City _____ State _____ Phone _____

Other Questions - Please check the items you would like your matchmaker to discuss with you in detail.

Health: vaccinations diseases fleas worming

Behavior: scratching/declawing leash training spraying rough play/play biting
 environmental enrichment

Care: feeding litterboxes grooming/hairballs id tags/collar microchipping

Other: indoors vs outdoors cat fencing adjustment to a new home introduction to other pets cats & kids

By signing below, I certify that the information I have given is true. I authorize the CAHS to investigate any or all statements as it deems necessary, including veterinary records. I would be willing to have a CAHS representative come to my home to check on my adopted animals' well-being. Further, I understand that this survey is the property of the CAHS, and the CAHS has the right to approve or decline adoptions as it deems appropriate.

I understand that adopting a cat/kitten may be a 15 to 20 year commitment. I am responsible for assuming the expenses of providing veterinary care, quality food, grooming, and so forth, and if I cannot meet this cat/kitten's needs, I will return him/her to the shelter.

Signature _____ Date _____

For Staff Use:

Cat's Name _____

ID # _____

Cat's Name _____

ID # _____

Cat's Name _____

ID # _____

Cat's Name _____

ID# _____

Comments:

Landlord/Property Manager:

Veterinarian:

Other References:

Other Comments:

Approved Denied

Date _____

CAHS Matchmaker _____