



CAT ADOPTER SURVEY/ADOPTION APPLICATION

The following questionnaire will help in determining which pet is the best match for you.

Date: _____

First, Last Name	Address	Apt or Unit #	City/State/Zip	
Home Phone	E-mail address	Work Phone	Cell Phone	
Are you 18 years of age or older?	Drivers License or ID			
Secondary/Emergency Contact	Phone #(s)			

1	I would consider my household to be like	A library	Middle of the road	A carnival	
2	I am comfortable with a cat that likes to play "chase my ankles" and similar games	No	Somewhat	Yes	
3	I want my cat to interact with guests that come to my house	Little of the time	Some of the time	All of the time	
4	How do you feel about a boisterous cat that gets into everything?	Love them but rather not to live with them	Depends on the situation	Fine by me	
5	My cat needs to be able to adjust to new situations quickly	Not important	Somewhat	Yes	
6	I want my cat to love being with children in my home	It's not important whether my cat loves being with children	Some of the time	Most of the time	Children do not often come to my house
7	My cat needs to be able to be alone	More than 9 hours per day	4 to 8 hours per day	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	Little of the time	Some of the time	All of the time	
9	I want my cat to enjoy being held	Little of the time	Some of the time	Most of the time	
10	I need my cat to get along with (circle all that apply)				Dogs Birds Cats Other
11	My cat will be	Inside	Inside and Outside	Outside	
12	I have lived with cats before	No		Yes Date _____	Currently
13	I prefer my cat to be talkative	No		Yes	It's not important if my cat is talkative
14	I want my cat to play with toys	Little of the time	Sometimes	Often	
15	I want my cat to be active	Not very active at all	Somewhat	Yes, very	

16 It is important to me that my cat _____
(fill in the blank)

FOR OFFICE USE ONLY	RECOMMENDED	COLOR MATCH:	PURPLE	ORANGE	GREEN
	RECOMMENDED	FELINE-ALITY (IES)	_____		

Animals Living With You NOW and in the PAST

<p align="center">Pet #1</p> <p>Name: _____ Sex: _____ Age: _____ Type/Breed: _____ How Long Owned: _____ Is/was animal spayed/neutered? _____</p> <p>Most of the time this pet is/was kept: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both Does this pet still live with you? If no-please check appropriate box: <input type="checkbox"/> Deceased <input type="checkbox"/> Gave Away <input type="checkbox"/> Lost <input type="checkbox"/> Other: _____</p>	<p align="center">Pet #2</p> <p>Name: _____ Sex: _____ Age: _____ Type/Breed: _____ How Long Owned: _____ Is/was animal spayed/neutered? _____</p> <p>Most of the time this pet is/was kept: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both Does this pet still live with you? If no-please check appropriate box: <input type="checkbox"/> Deceased <input type="checkbox"/> Gave Away <input type="checkbox"/> Lost <input type="checkbox"/> Other: _____</p>
<p align="center">Pet #3</p> <p>Name: _____ Sex: _____ Age: _____ Type/Breed: _____ How Long Owned: _____ Is/was animal spayed/neutered? _____</p> <p>Most of the time this pet is/was kept: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both Does this pet still live with you? If no-please check appropriate box: <input type="checkbox"/> Deceased <input type="checkbox"/> Gave Away <input type="checkbox"/> Lost <input type="checkbox"/> Other: _____</p>	<p align="center">Pet #4</p> <p>Name: _____ Sex: _____ Age: _____ Type/Breed: _____ How Long Owned: _____ Is/was animal spayed/neutered? _____</p> <p>Most of the time this pet is/was kept: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both Does this pet still live with you? If no-please check appropriate box: <input type="checkbox"/> Deceased <input type="checkbox"/> Gave Away <input type="checkbox"/> Lost <input type="checkbox"/> Other: _____</p>

How did you hear about this animal or our shelter?

I certify that all the above information is true.

Signature _____ **Date** _____

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<p align="center">CAT ADOPTION FEES</p> <p>Date In _____ Animal # _____ Breed _____ Color _____ Sex _____ Altered? Yes No Age _____ Weight _____</p>	<p>Adoption Fee \$125.00 <input type="checkbox"/></p> <p>Rabies Vacc Needed <input type="checkbox"/> (3 months or older only)</p> <p>License County <input type="checkbox"/></p> <p>License City* <input type="checkbox"/> **(Moorpark, Oxnard)</p>
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Adoption Counselor, Print Legibly _____

Approved Officer, Print Legibly _____

Your cat or dog will be microchipped. **Microchip #** _____

The microchips are automatically registered to new adopters if a Trovan microchip is implanted.

If checked, your new pet has been microchipped prior to entering our shelter with a chip other than the Trovan chip we implant. Your microchip will only be on file with Ventura County. Information to register, as owner, with the manufacturer will be provided to you at time of payment.