



Arrival Time: \_\_\_\_\_  
 Counsel Start Time: \_\_\_\_\_  
 Counsel End Time: \_\_\_\_\_

## Matchmaker Form

### How did you hear about us?

Website \_\_\_ TV \_\_\_ Newspaper \_\_\_ Friend/Family \_\_\_ Penny Saver \_\_\_ Other \_\_\_

Date  

Name	Address	City/State/Zip
Home Phone	Work Phone	Cell Phone
Are you 18 years of age or older?	Drivers License or ID/Expiration	Email Address

### Your Household

#### Children and your home:

- I have children  
Ages \_\_\_\_\_
- Children visit my home  
Ages \_\_\_\_\_
- Children rarely visit

#### Living situation:

- Rent. What is the pet policy? \_\_\_\_\_
- Own
- Live with parents
- Mobile home or Condo

#### How will you manage your cat's need to scratch?

- I would trim cat's nails regularly or apply Soft Paws
- I would provide a scratching post
- I would train cat not to scratch furniture, if needed
- I plan on declawing/tendonectomy

#### My cat will be:

- Outside only
- Inside only
- Inside most of the time
- Outside and garage only, garage at night
- Outside during the day, inside nights/when home
- Uses cat door – access to garage only
- Uses cat door – access to inside the house

### Pets Living with you PAST and PRESENT (Please list all in the past 10 years)

Pet's Name	Age	Sex	Breed/Type	Altered?	How Long Owned?	Kept In, Out, Both	Still Have? If No, Why?

### FOR OFFICE USE ONLY

Case # \_\_\_\_\_ Counselor's Name: \_\_\_\_\_

Hold Pending:  Other Adults  Children  Other: \_\_\_\_\_

Required topics covered with counselor: \_\_\_\_\_

I have been made aware of and understand the information written and checked by the counselor and have chosen to adopt this pet.

PRINT (adopter) \_\_\_\_\_ SIGN (adopter) \_\_\_\_\_ DATE \_\_\_\_\_

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Litter box training | <input type="checkbox"/> Breed                  | <input type="checkbox"/> Spaying/neutering             |
| <input type="checkbox"/> Activity level      | <input type="checkbox"/> Biting/scratching      | <input type="checkbox"/> Health care/cost              |
| <input type="checkbox"/> Introductions       | <input type="checkbox"/> Indoor/Outdoor         | <input type="checkbox"/> SPCA Retail Store             |
| <input type="checkbox"/> Children            | <input type="checkbox"/> Destruction/scratching | <input type="checkbox"/> SPCA Behavior Helpline (free) |

#### Counselor Notes (details regarding checkbox information/other issues and concerns covered):

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# cat adopter survey



first name	last name	date
address	city	state zip
home phone ( ) -	work phone ( ) -	email

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 Cats Birds 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 most important to me that my cat _____ (fill in the blank)
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<b>FOR OFFICE USE ONLY</b>	<b>RECOMMENDED COLOR MATCH: PURPLE ORANGE GREEN</b> <b>RECOMMENDED FELINE-ALITY™ (IES) _____</b>
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