

Pet ID _____



Counselor _____

CONTACT INFORMATION: (To be filled out by client)				
First Name:		Last Name:		
Address:		City:	State:	Zip:
Home Phone:		Cell Phone:		
Email:				
YOU AND YOUR HOUSEHOLD:				
Who shares your household?	Just me	Two adults	Adult(s) and children	More than two adults
Please describe your yard:				
Do you?		Own	Rent	
Live in a:		House	Townhouse/Apartment	Mobile Home
THE CAT FOR ME:				
Please describe your cat experience:	This will be my first cat	I've had one or two	I'm experienced and knowledgeable	
The activity level in my household is:	Quiet and low key	Some activity	Loud and active	
When guests visit, I prefer a cat who is comfortable interacting with them:	No preference	Some of the time	All of the time	
When it comes to manners and behavior:	I prefer a cat who is very well behaved	I don't mind a little mischief here and there, but nothing major	I've dealt with mischievous cats in the past and I'm fine handling one again	
I would like a cat whose activity and play level is:	Low	Medium	High	
I would like a cat that I can pet:	A little	Some	A lot	
I need this cat to get along with:	Dogs	Cats	Kids	
How many hours per day will the pet be without people?	More than 9 hours per day	4 to 8 hours per day	Less than 4 hours per day	
Our cat will live:	Exclusively indoors	Indoors/outdoors	Primarily outdoors	
HISTORY OF PETS IN THE HOUSEHOLD: (Please list all pets owned in the past 5 years)				
Type of Pet? (Dog, cat, other)	How long owned?		Reason no longer owned?	

I certify that I am at least 21 years of age and the information I have given is true. I recognize that any misrepresentation of facts may result in losing the privilege of adopting a companion animal and I understand that Kanawha-Charleston Humane Association has the right to deny my application for adoption.

 Signature

 Date