



**Longmont
Humane
Society**

LONGMONT HUMANE SOCIETY PETS AND PEOPLE PROFILE (CATS)



So that we may be assured that the cat you wish to adopt is best suited to you, your home, and your lifestyle and is placed in an environment that is compatible with his/her needs, we ask that you complete this profile.

Guardian Information					
Date	Name	Driver's License #		DOB	
Address			City, State		Zip
Mailing Address			City, State		Zip
Home Phone		Employer		Occupation	Work Phone
E-mail Address		Type of Dwelling			
		<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo/Townhouse <input type="checkbox"/> Mobile home			
<input type="checkbox"/> Own	<input type="checkbox"/> Rent	Landlord's Name and Phone #			
Rate the level of activity in your home:					
Very quiet 1 2 3 4 5 Very active					

How did you learn about Longmont Humane Society? (please be specific)
How did you learn about this particular animal? (if applicable)

Household Information (Please name all current members, giving the ages of all children.)		
Names of Adults	Names of Children	Ages of Children

Current Dogs and Cats in Household					
Pet's Name	Type/Breed	Male/ Female	Age	Spayed/Neutered (yes/no)	Time lived in home

Do you have any of the following (please check): Ferrets Rabbits Birds Reptiles
 Small Mammals Livestock (poultry, cows, pigs, goats, horses, etc.)

What type of animals have you lived with as an adult? Dogs Cats Birds
 Rabbits Reptiles Small Mammals Ferrets Livestock Other _____

If you currently have a pet, who is your veterinarian? _____

I want to adopt a pet at this time because _____

Have you ever adopted from a shelter? Yes No What kind of pet? Dog Cat Other

Have you ever given a pet to a shelter? Yes No What kind of pet? Dog Cat Other

Which of these have you experienced with a pet: Lost Stolen Ran away Other _____

Have you ever moved with pets? Yes No

Would you expect to take the pet with you if you move again? Yes No Depends

Have you had a cat die on your premises in the last 3 months of a contagious disease? Yes No
 If yes, what disease: Feline leukemia FIP FIV Other _____

HELP US HELP YOU FIND THE CAT BEST SUITED TO YOU, YOUR HOME AND YOUR LIFESTYLE.

Type of pet desired					
Breed/Type Desired:					
Age:	<input type="checkbox"/> Under 4 Months	<input type="checkbox"/> 4 mos. – 1 year	<input type="checkbox"/> 1 year – 10 years	<input type="checkbox"/> 10+ years	<input type="checkbox"/> Doesn't Matter
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Doesn't Matter		
Coat Type:	<input type="checkbox"/> Short	<input type="checkbox"/> Medium	<input type="checkbox"/> Long	<input type="checkbox"/> Doesn't Matter	

Check all the qualities you WANT in your cat:						
<input type="checkbox"/> Playful	<input type="checkbox"/> Mellow	<input type="checkbox"/> Likes Dogs	<input type="checkbox"/> Likes Cats	<input type="checkbox"/> Affectionate	<input type="checkbox"/> Easy Going	<input type="checkbox"/> Tolerates Young Children
<input type="checkbox"/> Lap Cat	<input type="checkbox"/> Good Mouser	<input type="checkbox"/> Declawed or Will Be	<input type="checkbox"/> Vocal	<input type="checkbox"/> Quiet	<input type="checkbox"/> Other _____	

Next, check any traits you prefer NOT to see in your cat:						
<input type="checkbox"/> High Energy	<input type="checkbox"/> Timid	<input type="checkbox"/> Dislikes Dogs	<input type="checkbox"/> Destructive Scratching	<input type="checkbox"/> Not Child Friendly	<input type="checkbox"/> Plays Roughly	<input type="checkbox"/> Excessively Needy
<input type="checkbox"/> Dislikes Cats	<input type="checkbox"/> Very Vocal	<input type="checkbox"/> Litter Box Issues	<input type="checkbox"/> Requires Extensive Grooming	<input type="checkbox"/> Gets on Furniture/ Counters	<input type="checkbox"/> Other _____	

Who will be your cat's primary caretaker? _____

Where will your cat live? In house In basement/garage In barn In office
 In house with cat door to yard Outdoors In days/out nights Out days/in nights

How will your cat be cared for while you are away from home for an extended period of time?

Under what circumstances can you envision giving up a pet?

- Moving, unable to take Allergies Animal not adjusting Unacceptable behavior
 Litter box problems Medical problems Destructive scratching Never
 Other _____

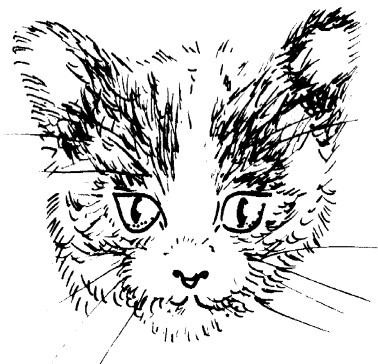
What kind of information would be helpful to you and your cat:					
<input type="checkbox"/> Using Scratching Post	<input type="checkbox"/> Litter Box Habits	<input type="checkbox"/> Breed/Type Information	<input type="checkbox"/> Staying off Counters & Furniture	<input type="checkbox"/> Socialization	<input type="checkbox"/> Age/ Development Information
<input type="checkbox"/> Tricks and Games	<input type="checkbox"/> Moving with a Cat	<input type="checkbox"/> Health and Nutrition	<input type="checkbox"/> Eating Plants	<input type="checkbox"/> Declawing/ Nail Trimming	<input type="checkbox"/> Adjusting to Home
<input type="checkbox"/> Allergies	<input type="checkbox"/> Suggestions for Pet Professionals (groomers, pet sitters, boarding facilities, behaviorists, etc.)				
<input type="checkbox"/> Other _____					

I understand the average cost to care for a cat is \$200 - \$400 per year including inoculations, license, food, grooming, boarding and medical care. _____ (initial here)

I certify that the information I have given is true and I understand that false information may result in the nullification of this adoption. Longmont Humane Society reserves the right to refuse an adoption. This completed form is the property of the Longmont Humane Society and is not to be removed from the premises.

Signature _____

Would you like to make a donation to help the homeless pets at the Longmont Humane Society? Yes I would like to contribute \$ _____. No



STAFF NOTES

Reviewed: Date: _____ Staff Name: _____ Flag checked?

Animal Name: _____ Number: _____ Breed/Sex: _____

Hold: 1st 2nd From: _____ To: _____ Time: _____

Reason for Hold: 1st Hold LLA Verify Address Need ID Family Meet
 Roommate Meet Dog Meet Blood/Health Tests S/N Other _____

Reviewed: Date: _____ Staff Name: _____ Flag checked?

Animal Name: _____ Number: _____ Breed/Sex: _____

Hold: 1st 2nd From: _____ To: _____ Time: _____

Reason for Hold: 1st Hold LLA Verify Address Need ID Family Meet
 Roommate Meet Dog Meet Blood/Health Tests S/N Other _____

Comments: _____

Adoption Return: Exchange OK Date: _____

Reason for Return: _____

Denied Date: _____ Staff Name: _____

Comments: _____
