



Longmont Humane Society Cat Adopter Survey

Thank you for choosing to adopt a cat today

Today's Date: _____ Name of Cat you want to adopt? _____ Staff Use: Animal A# _____

Adopter's Name (s): _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: (____) _____ - _____ Secondary Phone: (____) _____ - _____

E-mail address: _____

Type of dwelling: House Apartment Mobile/Modular home Other _____

Have you adopted from Longmont Humane Society before? Yes No

Number and Ages of Children living in/frequently visiting your home: _____

Number of Dogs currently at home: _____

Number of Cats currently at home: _____

Other Animals currently at home: _____

What type of other animals currently at the home? _____

Mark traits you WANT in your cat:

Playful Mellow Vocal Likes dogs Confident

Affectionate Lap cat Likes cats Good mouser Quiet

Easy Going Declawed (or will be) Tolerates or enjoys young children

Other: _____

How many litter boxes do you plan to have in your home? _____ Location(s) in home? _____

Where will your cat live? (please mark all that apply)

In house In basement/garage In office Inside days/outside nights Outside day/inside nights

Outdoor only In house with cat door Other: _____

We'll explain this new pet's medical history and behavioral history. Check any additional topics you'd like to discuss:

Feeding this pet Litterbox habits Grooming/nail trimming Exercise, toys & fun activities

Housing this pet Moving with pets Introducing this cat to other cats Introducing this cat to a dog

Your New Kitten Microchips/ID Introducing this cat to children Introducing this cat to your home

Toxic Foods Facts about declawing

We would like to offer you a 30-day free trial of pet health insurance for your new companion! Insurance activation and policy information may be provided via e-mail, mail, and telephone. By marking yes, you are agreeing to receive an enrollment code, and to have Pethealth Services and PTZ Insurance Agency Ltd access your contact information. If not, please understand that the trial of insurance will not be provided.

Yes No

By checking "No", you are also opting out of Free Lost Pet Services from 24PetWatch. In the event your new pet goes missing, 24PetWatch will be unable to contact you.

Staff Use Only: P#: _____ Name & Address Verification Staff Member Name _____

Handouts: Cat Adoption Packet Surgery Instructions Rabies Voucher WPC Info Pet as Gift Photo Consent