

Cat Adopter Profile



STAFF USE ONLY

Next Steps:

Animal:

Over 18 _____ **ID verified** _____

Date:

First Name	Last Name	
Physical Address	Apt./Unit #	
City	State	Zip
Mailing Address (if different)	Apt./Unit #	
City	State	Zip
Home # ()	Cell # ()	Work # ()
Email		
<small>By providing your email you are consenting to receive communications from Pethealth, Inc. re: pet health insurance and microchip details</small>		

In terms of activity & noise, I would consider my household to be like...	a library	middle of the road/average	the Champlain Valley Fair
I have owned a cat before	YES	I currently own cat(s)	NO
My cat needs to get along with other animals	YES	NO	maybe
	List type(s) of animal(s), age & gender:		
My cat needs to be good with...	infants/toddlers young children	older children elderly people	adults everyone!
My cat will be...	inside	inside & outside	outside
I would prefer a declawed cat	YES	NO	maybe/unsure
I would rather have a cat that is...	affectionate/cuddly	playful	independent
My cat needs to be able to adjust to new situations quickly	YES	somewhat	not important
I am comfortable & willing to do some training with my cat to improve manners such as play biting, scratching furniture, and getting into things around the house	YES	NO	maybe
I would consider a cat with special needs (special diet, meds, deaf, blind, etc.)	YES	NO	maybe

It's most important to me that my cat...

I could not tolerate a cat that...

We'd like to share your new pet's records with your vet! _____
(name of vet/practice & town)

I would like information on...

- | | | |
|---|---|--|
| <input type="checkbox"/> 1st-time cat owner checklist | <input type="checkbox"/> Finding a vet | <input type="checkbox"/> Play biting/rough play/deterrants |
| <input type="checkbox"/> Introducing cat to new home | <input type="checkbox"/> Litter box history/training & tips | <input type="checkbox"/> Picky eaters/Fatty Liver Disease |
| <input type="checkbox"/> Introducing cat to current pets | <input type="checkbox"/> Socializing shy or nervous cats | <input type="checkbox"/> Overweight cats/Weight management |
| <input type="checkbox"/> Post spay/neuter care | <input type="checkbox"/> Scratching/How to trim nails | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Upper Respiratory Infections (URI) | <input type="checkbox"/> Declawing/adopting a declawed cat | |
| <input type="checkbox"/> Urinary Tract Infections (UTI) | <input type="checkbox"/> Indoor cat enrichment/outdoor cat safety | |