



Longmont Humane Society Cat Adopter Survey

Today's Date: _____ Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: (____) _____ - _____

Secondary Phone: (____) _____ - _____

E-mail address: _____

Have you adopted from Longmont Humane Society before?

Yes No

Type of dwelling: House Apartment

Mobile/Modular home Other _____

Do you: Own Rent

Landlord's name: _____

Landlord's phone: (____) _____ - _____

Do/have you owned pets in the past five years?

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: _____

Mark traits you WANT in your cat:

- Playful Mellow Likes dogs Likes cats
- Affectionate Lap cat Good mouser Vocal
- Easy going Quiet Declawed (or will be)
- Quiet Tolerates young children
- Other: _____

Who will be your new cat's primary caretaker?

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

- In house In basement/garage In office
- In days/out nights Out days/in nights
- In house w/ cat door Outdoors only
- Other: _____

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

Do you currently have a veterinarian?

No Yes, who _____

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

Staff Use Only

AWT Name: _____

Cat Name: _____ A#: _____

P#: _____ Name & Address Verification

Handouts

<input type="checkbox"/>	Cat-Cat Intro	<input type="checkbox"/>	Cat-House Intro
<input type="checkbox"/>	Dog-Cat Intro	<input type="checkbox"/>	Facts about declawing
<input type="checkbox"/>	Indoor vs Outdoor	<input type="checkbox"/>	Litterbox Habits
<input type="checkbox"/>	Pet as Gift	<input type="checkbox"/>	Photo Consent
<input type="checkbox"/>	Rabies Voucher	<input type="checkbox"/>	Surgery Instructions
<input type="checkbox"/>	Toxic Foods	<input type="checkbox"/>	WPC Information
<input type="checkbox"/>	Your New Kitten	<input type="checkbox"/>	