

**Staff Use Only**

Adoption Date \_\_\_\_\_

Animal Name \_\_\_\_\_

Inc # \_\_\_\_\_

Staff Initial \_\_\_\_\_



13212 SE Eastgate Way  
 Bellevue, WA 98005  
 425-641-0080  
 www.seattlehumane.org

Date: \_\_\_\_\_

Animal Name: \_\_\_\_\_

Inc #: \_\_\_\_\_

Kennel #: \_\_\_\_\_

Hold Date: \_\_\_\_\_

Hold Time: \_\_\_\_\_

First Hold  Second Hold

Notify Avail  Notify Adopt

No Show  Removed Hold

Initial \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

## PRE-ADOPTION QUESTIONNAIRE – WORKING CAT

Mr.  Mrs.  Ms. \_\_\_\_\_ Home Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

How Did You Hear About the Humane Society?  Newspaper  Radio  TV  Yellow Pages

Bus signs/Billboards  www.seattlehumane.org  Offsite Event/Venue  Other: \_\_\_\_\_

**The Humane Society for Seattle/King County is committed to providing the resources and support necessary to build lifelong relationships between people and their pets.**

**I CERTIFY THAT THIS INFORMATION IS TRUE AND UNDERSTAND THAT FALSE INFORMATION MAY RESULT IN NULLIFYING THIS ADOPTION. I understand that this questionnaire remains the property of The Humane Society.**

(Over 18 years) SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

Thank you for completing this questionnaire. Please return it to the Adoption Desk so that we may review it with you. The entire adoption process usually takes at least one hour.

1. Briefly describe why you would like to adopt a working cat. \_\_\_\_\_

**Household:**

2. Have you had barn cats before? If so, please explain how it went, and what became of the cat(s). \_\_\_\_\_

3. Who will be primarily responsible for the care of the animal? \_\_\_\_\_

4. What kind of temporary secure enclosure do you have for the cat(s) to acclimate in for the first three weeks? *This would need to be a structure that cats could not escape from overhead, as well as down below and all around the enclosure. You will need to safely access it yourself, in order to replenish the food and water bowls and scoop the litter box.* \_\_\_\_\_

5. What kind of permanent shelter is available to your working cat(s)?  Closed Barn  Open Barn  Closed Shed  Open Shed  Garage  Basement  Shop  Other Structure (please describe): \_\_\_\_\_

**(Please see other side.)**

6. Has there been known coyote predation in your neighborhood?  Yes  No

7. Do you live near a busy street  Yes  No

**Long Term Pet Care:**

8. If you move, do you promise to arrange for continuing care by the new landowner, take the cats with you, relocate them to another home, or contact us if you are unable to make arrangements for care?  Yes  No

9. Are you prepared to accept the cost of veterinary care for this cat?  Yes  No  Don't Know

10. Will you provide your working cats with warm shelter and an ongoing source of food and water?  Yes  No

11. Can you commit to not using rat poison as long as you have working cats?  Yes  No

**Animal Selection/Behaviors:**

12. As an adult, have you owned a cat?  Yes  No

13. How many working cats do you want?

14. Would you ever consider declawing this cat?  Yes  No

15. For what potential problems do you feel unprepared? *Please check all that apply*  Spraying/Marking  Not good with other animals  Excessive grooming needs  Too Friendly  Medical issues  Not good at "mousing"  
 Other \_\_\_\_\_

**\*\*\*\*\*FOR USE BY ADOPTION ADVISORS DURING DISCUSSION WITH ADOPTER\*\*\*\*\***

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_ N/I P/I C/A Computer check: Yes No Memo ID# \_\_\_\_\_

Temporary Enclosure  Permanent Enclosure  Declaw  Risks/Environment  Predation/ Dogs

Vet Care  Behavior

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_