



# Placer SPCA Match Maker and Companion Request Form

## Cat Adoption

To better help us serve you, please provide the following information:

Name	Date
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Welcome to the Placer SPCA. As always, we are happy to answer any questions you may have. Bringing a new pet into your family is an important step, and we encourage you to come back several times before you make a decision. The following questionnaire will help in determining which pet is the best match for you.

### You and Your Household

*Check all that apply*

<p><b>Your Living Place:</b></p> <input type="checkbox"/> House <input type="checkbox"/> Condo <input type="checkbox"/> Apartment <input type="checkbox"/> Other _____	<p><b>Who Owns Your Home?</b></p> <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live w/ Parents	<p><b>Home Lifestyle:</b></p> <input type="checkbox"/> Very Active <input type="checkbox"/> Some Activity <input type="checkbox"/> Rather Quiet	<p><b>Cat Experience:</b></p> <input type="checkbox"/> First time cat owner <input type="checkbox"/> Have had one or two <input type="checkbox"/> Have had many (Describe experience on reverse)
<p><b>Children and Your Home:</b></p> <input type="checkbox"/> I have children; ages _____ <input type="checkbox"/> I do not have children <input type="checkbox"/> Children visit my home; ages _____ <input type="checkbox"/> No children visit my home	<p><b>Reason for Adopting:</b></p> <input type="checkbox"/> Family companion <input type="checkbox"/> For my children <input type="checkbox"/> Gift for someone <input type="checkbox"/> Hunting/Mouser <input type="checkbox"/> Companion pet <input type="checkbox"/> Other	<p><b>Hours the Pet would be alone?</b></p> <input type="checkbox"/> 8-9 hours <input type="checkbox"/> More than 9 <input type="checkbox"/> Less than 8 <input type="checkbox"/> Rarely	

### Hopes & Expectations

*Check all that apply*

<p><b>Breed:</b></p> <input type="checkbox"/> Purebred _____ <input type="checkbox"/> Mixed Breed _____ <input type="checkbox"/> No Preference	<p><b>Age:</b></p> <input type="checkbox"/> 2-4 months (like a baby/toddler) <input type="checkbox"/> 4-12 months (like a young child/teenager) <input type="checkbox"/> 1-3 years or older (like an energetic young adult) <input type="checkbox"/> 3 years or older (like a sensible adult) <input type="checkbox"/> Senior or Special Needs _____ <input type="checkbox"/> No Preference	<p><b>Desired Characteristics:</b></p> <input type="checkbox"/> Very Active <input type="checkbox"/> Well <input type="checkbox"/> Active <input type="checkbox"/> Mannered <input type="checkbox"/> Calm <input type="checkbox"/> Affectionate <input type="checkbox"/> Outgoing <input type="checkbox"/> Independent <input type="checkbox"/> Confident <input type="checkbox"/> Dependent <input type="checkbox"/> Reserved <input type="checkbox"/> Declawed <input type="checkbox"/> Sensitive <input type="checkbox"/> Other _____ <input type="checkbox"/> Friendly _____ <input type="checkbox"/> Playful _____
<p><b>Size of Cat</b></p> <input type="checkbox"/> X-Small (kitten), 2-5 lbs. <input type="checkbox"/> Small, 5-8 lbs. <input type="checkbox"/> Medium, 8-10 lbs. <input type="checkbox"/> Large, 10 –15lbs. <input type="checkbox"/> X-Large, 15 lbs.	<p><b>Ideally My Cat Will Live:</b></p> <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Outside during the day, inside house at night <input type="checkbox"/> Outdoor and garage only <input type="checkbox"/> Inside/Outside at will <input type="checkbox"/> Other _____	<p><b>Sex:</b></p> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No Preference
<p><b>Coat:</b></p> <input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long <input type="checkbox"/> No Preference	<p><b>Is Anyone In Household Allergic to Cats?</b></p> <input type="checkbox"/> Yes <input type="checkbox"/> No	

Animals **CURRENTLY** living with you:

Name	Breed	Age	Male/Female	Altered?	This pet is kept:
				Y or N	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both
				Y or N	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both
				Y or N	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both

Animals **NO LONGER** living with you:

Name	Breed	Age	Male/Female	This pet is now:	This pet was kept:
				<input type="checkbox"/> Deceased <input type="checkbox"/> Lost <input type="checkbox"/> Found new home	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both
				<input type="checkbox"/> Deceased <input type="checkbox"/> Lost <input type="checkbox"/> Found new home	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both

Use the space below for further details or description on the ideal animal for you and your family. The more information we have the better chance we have of finding you a new companion.

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I found a pet I want to adopt

I would like assistance in selecting a pet

Adopter Address	City/State/Zip	Driver License/ID Number/Expiration Date
Adopter Home Phone	Work Phone	Cell Phone
Is Adopter age 18 years or older?	E-Mail Address:	
Optional Question:	Are you 55 years of age or older? Yes ___ No ___ (If YES you may be eligible for our Special Pals Program)	Please ask one of our staff if you are interested in more information.

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Description of Adopted Animal: Animal Code Number _____ Name _____				
Type _____	Breed _____	Sex _____	Color _____	Age _____
<b>COMPANION REQUEST PHONE CALLS MADE</b>				
Date	Animal Code #	Breed	Results	Comments