



Getting To Know You Questionnaire/Cat Café

Thank you for visiting Orlando Cat Café/Partner of SPCA Florida. Our goal is to match the animals entrusted in our care with individuals and families who will provide permanent, loving, responsible homes, and whose lifestyles are best suited for the pet. To help us accomplish this, please complete the following thoroughly and truthfully. The more detailed information you provide the more likely will be able to locate and place a pet with you that fits your family's and the pet's needs.

Personal and Household Information:

Name: _____ Date: _____

Address: _____ Email Address: _____

City: _____ State: _____ Zip: _____ Drivers License No.: _____

Home Phone No.: _____ Cell Phone No.: _____

Work Phone No.: _____ Alternate Contact Info.: _____

Emergency Contact Name & Number (not in same household): _____

Employer: _____ Position: _____

Do you live in a: [] House [] Apartment [] Mobile Home [] Other _____

Do you: [] Own [] Rent What is the approximate size of your home? _____

If you rent: Does your lease allow pets? Yes/No Is there a pet limit? Yes/No What is the limit? _____

How long have you lived at your current residence? _____

How many adults live in the house? _____ How many Children live in the house? _____ Ages: _____

Tell us about the temperament of the children, i.e. are they shy, rambunctious, easy going...? _____

Does anyone in the home where the pet will live have allergies or other medical conditions we need to be aware of? Yes/No

If yes, please describe how you plan to manage allergies, or what needs to be taken into consideration for the medical condition(s) when considering adding a pet to the family.

Please list all the pets you currently have at home:

Name:	Type of Animal (species and breed)	Male or Female	Check if Spayed or Neutered	Medical Status	Temperment
				Age: <input type="checkbox"/> Current on Vaccines <input type="checkbox"/> Currrent on Heart Worm Preventative: Name: Medical Issues:	
				Age: <input type="checkbox"/> Current on Vaccines <input type="checkbox"/> Currrent on Heart Worm Preventative: Name: Medical Issues:	
				Age: <input type="checkbox"/> Current on Vaccines <input type="checkbox"/> Currrent on Heart Worm Preventative: Name: Medical Issues:	
				Age: <input type="checkbox"/> Current on Vaccines <input type="checkbox"/> Currrent on Heart Worm Preventative: Name: Medical Issues:	

Name of your current veterinarian or veterinary clinic: _____ City and State: _____

I verify that the above information is true to the best of my knowledge, and acknowledge that providing false information may result in nullifying this adoption. I understand the SPCA Florida reserves the right to deny any adoption for any reason. I understand if I elect to take my new pet to a private veterinary or emergency clinic for treatment, it will be entirely at my own expense. I certify that I am 18 years of age or older.

 Signature Date: _____

SPCA Florida Use Only

Counselor Name: _____ Date: _____

Notes:

Potential Matches:

Animal Name: _____ Animal Id. No.: _____

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