



TIME: \_\_\_\_\_

### Feline Matchmaking Form

You will be required to show current photo identification bearing your current address. We reserve the right to deny adoptions. Giving false information will result in forfeiture of any monies paid and adoption will be cancelled.

A# _____	P# _____	QPO ✓ _____	Staff/Volunteer _____
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**QPO-check must include the names of all adults in the home as well as address and phone number.**

First Name _____	Last Name _____
Address _____ (Include suite number; if rural, list <i>both</i> physical & mailing address)	
City _____	Prov _____ P. Code _____
Home Phone _____	Business _____ Cellular _____

Full names of all adults who share your residence \_\_\_\_\_

Number & ages of all children under 18 yrs \_\_\_\_\_

Are you 18 years of age or older? Yes No

Are you wanting to adopt a: Kitten Adolescent Adult Senior

Why do you want to adopt? Family Pet For Children Barn Cat Mouser Gift For \_\_\_\_\_ Other \_\_\_\_\_

Do you or does anyone you live with suffer allergies to pets or asthma? Yes No

Do you live in a House Apartment Condo Mobile Home Other \_\_\_\_\_

Do you Own Rent Live With Parents Other \_\_\_\_\_

If you rent are you sure you're allowed cats? Yes No Unsure

Who will be responsible for the cat & its training? \_\_\_\_\_

Cats can live to be 15 years old+. Have you considered how a cat will affect your future?  
(Travel, education, work, current and future children, etc.) Yes No, you would like to discuss this with a counsellor

How many pets have you had in the last 5 years? Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other, list \_\_\_\_\_

Were your previous pets spayed and/or neutered? Yes No, Explain \_\_\_\_\_

How many animals do you currently live with? Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other, list \_\_\_\_\_

Are your pets at home spayed/neutered? Yes No, explain \_\_\_\_\_

Are your pets up to date on vaccines? Yes No Unsure

Have you had a cat or dog die from unknown causes in the last 6 months? No Yes, explain \_\_\_\_\_

Do you understand all WHS cats, dogs & rabbits are spayed or neutered? Yes No- you would like to discuss with a counsellor

Do you have a veterinary clinic? Yes, please list \_\_\_\_\_ No-you would like to discuss with a counsellor

Please circle all areas you would like to discuss with an adoption counsellor;

Introducing your cat to other household pets Diet/Nutrition Toys/Enrichment Pet Insurance

Children & Cats/Kittens Declawing Identification for your pet Littertraining

Reasons for spaying/neutering Proper Socialization Other \_\_\_\_\_

Nail Trimming Housetraining \_\_\_\_\_

Today's Date \_\_\_\_\_ Counsellor \_\_\_\_\_

**Office Use Only**

Approved \_\_\_\_\_ Date Approved \_\_\_\_\_ Supervisor \_\_\_\_\_

Conditions of Approval \_\_\_\_\_

*Conditions of approval must be entered into the person file.*

# MEET YOUR MATCH



Here at the Winnipeg Humane Society we aim to make the best match possible when helping you to find a new best friend. To assist us in this goal we use an assessment tool called the Meet Your Match™ Feline-ality Adoption Program. All of our animals are tested to determine his or her characteristics including friendliness, playfulness, energy level, motivation and drive.

The following adopter survey is designed to gather information about your expectations of pet ownership and helps us determine the pet traits that best suits your lifestyle.

1	I would consider my household to be like	A library	Middle of the road	A carnival	
2	I am comfortable with a cat that likes to play “chase my ankles” and similar games	No	Somewhat	Yes	
3	I want my cat to interact with guests that come to my house	Little of the time	Some of the time	All of the time	
4	How do you feel about a boisterous cat that gets into everything?	Love them but rather not to live with them	Depends on the situation	Fine by me	
5	My cat needs to be able to adjust to new situations quickly	Not important	Somewhat	Yes	
6	I want my cat to love being with children in my home	It’s not important whether my cat loves being with children	Some of the time	Most of the time	Children do not often come to my house
7	My cat needs to be able to be alone	More than 9 hours per day	4 to 8 hours per day	Less than 4 hours per day	
8	When I am at home, I want my cat to be by my side or in my lap	Little of the time	Some of the time	All of the time	
9	I want my cat to enjoy being held	Little of the time	Some of the time	Most of the time	
10	I need my cat to get along with (circle all that apply)				Dogs   Cats Birds   Other
11	My cat will be	Inside	Inside and Outside	Outside	
12	I have lived with cats before	No		Yes Date _____	Currently
13	I prefer my cat to be talkative	No		Yes	It’s not important if my cat is talkative
14	I want my cat to play with toys	Little of the time	Sometimes	Often	
15	I want my cat to be active	Not very active at all	Somewhat	Yes, very	
16	It is most important to me that my cat _____ (fill in the blank)				

<b>FOR OFFICE USE ONLY</b>	<b>RECOMMENDED COLOR MATCH:    PURPLE    ORANGE    GREEN</b>
	<b>RECOMMENDED FELINE-ALITY™(IES) _____</b>