



Name (First, Middle Initial, Last)		Maiden Name	
Full Names of All Adults in Household			
Physical & Mailing Addresses			
Do you: <input type="checkbox"/> Own your home <input type="checkbox"/> Rent your home		If you rent, Landlord's name & Phone	
E-mail address		Place of employment	
Home Phone		Other Phone <input type="checkbox"/> work or <input type="checkbox"/> cell	
Ages of children in or visiting your home:			
Are you under 21 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No (You may be asked to verify with a picture ID.)			
Current Pet's Name	Species	Gender	Spayed or Neutered?
What veterinary clinic do you use?		What cat do you prefer? <input type="checkbox"/> Indoor only <input type="checkbox"/> Indoor/outdoor <input type="checkbox"/> Outdoor only	
Have you adopted from UVHS before? <input type="checkbox"/> No <input type="checkbox"/> Yes: when? _____		<p><b>By signing below, you agree to help the UVHS Behavior Team find you a pet that is a great match for you. If we don't have a match for you today, we will call you when one becomes available. Thank you so much for coming to UVHS for your next addition!</b></p> <p>Print Name: _____</p> <p>Signature: _____</p> <p>Today's Date: _____</p>	
<b>Age preference:</b> <input type="checkbox"/> Kitten (8 wk-6 mo) <input type="checkbox"/> Adolescent (7-12 mo) <input type="checkbox"/> Young Adult (1-3 yr) <input type="checkbox"/> Mature Adult (4-8 yr) <input type="checkbox"/> Older Adult (9 yr+)			
<b>Do you want a de-clawed cat?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe			

**UVHS USE ONLY**



**Binder?**  yes  no

**Home owner?**

- same address with previous adopter
- brought in ownership
- town clerk
- employee/volunteer knows

**Rent?**

landlord

yes       no: \_\_\_\_\_  
restrictions? \_\_\_\_\_

**Introductions?**

- dog-to-cat (if necessary)
- family/children

**No match** today: call when we have a match

**INTERVIEW NOTES:**