

# SPCA of Wake County

## Working Cat Survey

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Email \_\_\_\_\_

Property Address (if different than home) \_\_\_\_\_

### What type of facility do you have for the cat(s)?

Farm      Barn/Stable      Residential with garage or shed      Warehouse      Workshop

Other \_\_\_\_\_

### Are you the caretaker for outdoor cats now?

Yes      No      No, but have been in the past

### How many working cats are you interested in adopting?

One      Two      Three or more

### Are there any particular qualities you are interested in? (Age, gender, coat color, personality, etc.)

No      Yes \_\_\_\_\_

It is most important to me that my working cat \_\_\_\_\_

Signature: \_\_\_\_\_

#### FOR STAFF USE:

Adoption Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

The adopter is interested in adopting: \_\_\_\_\_ Animal ID# \_\_\_\_\_

ID: \_\_\_\_\_ DOB: \_\_\_\_\_ PID: \_\_\_\_\_