



Cat Adopter Survey

First Name	Last Name	Date	
Address	City	State	Zip
Home Phone	Work Phone	Cell Phone	
Email	Driver's License #	DOB	

1. My cat needs to get along with: (Circle all that apply)	Children under 8 years	Children over 8 years	Elderly People	Adults Only
2. My cat needs to get along with:	Dog(s)	Cat(s)	Other	
3. My cat will primarily be:	Indoor	Outdoor	Indoor/Outdoor	
4. I consider my house to be:	Quiet	Active	Extremely Active	
5. I am interested in a cat with "special needs" (medical or behavioral)	YES	NO		

Emergency Contact Information For Your Pet

All Humane Society of Greenwood pets are microchipped and the information will be registered with 24PetWatch pet recovery database. The emergency contact information below will be used if your pet is lost.

Please list someone outside of your household.

Emergency Contact Name: _____

Primary Phone: _____ Secondary Phone: _____



With your 24PetWatch microchip, we offer you free lost pet services, as well as exclusive offers, promotions and the latest information from 24PetWatch regarding microchip and insurance services.

Pethealth Services (USA) Inc., Pethealth Services Inc, PTZ Insurance Services Ltd. and PTZ Insurance Agency Ltd may contact you via commercial electronic messages, automatic telephone dialing systems, pre-recorded/automated messages or text messages at the telephone number provided above, including your mobile number. These calls or emails are not a condition of the purchase of any goods or services.

You understand that if you choose not to provide your consent, you will not receive electronic enrollment notification regarding the trial/gift/voucher of insurance and/or free lost pet services which includes being contacted with information in the event that your pet goes missing.

You may withdraw your consent at any time.

Yes, I'd like to receive communication from Pethealth/24PetWatch

No, I do not want to release my information to Pethealth/24PetWatch