



# CAT ADOPTION APPLICATION

Wonderful news; you would like to adopt a cat from us. We just need a few details from you so we can match you with the perfect animal. Please answer honestly so we can find the right match.

SPCA Office Use Only:

Entered into animal database:  ARK database checked:  Staff initials: \_\_\_\_\_



## A FEW DETAILS ABOUT YOU:

Name \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_

Street Address \_\_\_\_\_

Parish \_\_\_\_\_ Post Code \_\_\_\_\_

Phone numbers Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_



## YOU ARE INTERESTED IN:

- No. of cats**  Single Cat  Pair of cats  More than 2  Either
- Age of cat**  Kitten  Less than 2 years  2 – 5 years  5+ years  Any
- Gender of cat**  Male  Female  Either

Have you seen a cat on our website that you are interested in? If so please tell us the name: \_\_\_\_\_



## A LITTLE BIT ABOUT YOUR HOME:

**Do You**  Own  Rent

If you rent, please attach written permission from your landlord...written permission attached:  Yes  No

**Are you located on a main or private road?**  Yes  No

**I live near a busy road so I need a cat with "road sense":**  Yes  No

**Do you have a garden?**  Yes  No  Communal

**What provision do you have for allowing the cat outside?** (e.g. catflap, open window, letting through the door) \_\_\_\_\_

If no please provide details of provisions to prevent escape \_\_\_\_\_



## A LITTLE ABOUT YOUR FAMILY:

**Who lives at home:**  Adult(s)  Children Children's Ages \_\_\_\_\_

**Do you own any other cats:**  No  Yes - if yes please state gender \_\_\_\_\_ - are they neutered \_\_\_\_\_

**Have they been vaccinated within the last year:**  Yes  No

**Do you own any other pets:**  Dogs  Cats  Rodents  Pet Birds  Other - please state: \_\_\_\_\_

**Have all members of your family been in contact with cats before?** (this is to rule out allergies to cats)  Yes  No

**Do you have any visiting animals** (e.g family/friends' cats and dogs?) If so, please give details \_\_\_\_\_

**Frequency of visits:**  Daily  Weekly  Monthly  Annually

**Do you have any visiting children:**  No  Yes - if yes ages \_\_\_\_\_

**Frequency of visits:**  Daily  Weekly  Monthly  Annually



## A LITTLE BIT ABOUT YOUR LIFESTYLE:

How long do you expect to leave the cat on a regular basis? \_\_\_\_\_ (hours)

Is this: Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Night time: \_\_\_\_\_

Are you planning any of the following?  Moving house  Holiday in the next few weeks



## YOUR IDEAL CAT WOULD:

Be good with dogs:  Very Important  Quite Important  Not Important

Be good with other cats:  Very Important  Quite Important  Not Important

Be litter-trained:  Very Important  Quite Important  Not Important

Be comfortable around young children:  Very Important  Quite Important  Not Important

Enjoy being picked up/petted:  Very Important  Quite Important  Not Important

Enjoy playing with toys:  Very Important  Quite Important  Not Important

I need an indoor-only cat:  Very Important  Quite Important  Not Important

I am a first time cat owner:  Yes  No



## MEDICAL:

Are you currently registered with a vet?

Ettrick  Endsmeet  BVS  Cedar Tree  No



## PLEASE READ THE FOLLOWING AND SIGN:

*I understand that falsification of the above information may result in refusal or confiscation of the adopted pet. I hereby authorize my veterinarian to release medical information on my past and present animals to the Bermuda SPCA. I will allow a home inspection by a SPCA Representative.*

**I understand and agree to the following:**

- My pet will receive the needed medical attention while under my care **at my own expense.**
- I understand that this application does not guarantee that I am able to adopt an animal from the SPCA
- I certify I am 18 years or older

Print Name \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

**\* The current cat adoption fees are: \$100**

