

CAT ADOPTION APPLICATION FORM

By filling in this form you will help us choose the right home for the pet and the right pet for your home.



FRF# No. 003-244 NPO
Registration No. 1895/01/3824/09

website
<http://www.spca-dewa.org>
e-mail
fundraising@spca-dewa.org
enquiries@spca-dewa.org

1st Avenue
Grassy Park

P.O. Box 3
Plumstead
7801

021-700 4140



021-705 2127



- In order to be considered as an adopter you must:
- 1) Be over 18 years of age
 - 2) Show proof of address
 - 3) If you rent you need to provide us with written permission from your landlord or body corporate.
 - 4) Be in a financial position to spend money on veterinary treatment and necessary training.
 - 5) Have time to spend with the pet.
 - 6) Accept that the deposit is non-refundable.....

Cat	Case No:	Cage No:
Breed:	Sex:	Age:

Name of Applicant:

Home Address:

Cell No: Home No:

Work No: ID No:

Name of Company:

Applicants Occupation:

Partners Occupation:

1) Is your partner/spouse in agreement with the adoption of the cat?

2) Do you have your own transport?

3) Why do you want to adopt a cat/kitten?

Companion..... Companion for other cat.....

Mouser..... Gift.....

Other reason.....

4) Are there children in the household, what are their ages?
Is a new baby expected?

5) Have you owned a cat before?.....

6) Do you own any pets at present?
If so, please list them

<u>Name</u>	<u>Breed</u>	<u>Age</u>	<u>Sex</u>	<u>Sterilized?</u>
-------------	--------------	------------	------------	--------------------

.....
.....
.....
.....

7) Please list pets you had prior to this:

<u>Breed</u>	<u>How long did you own it</u>	<u>What happened to it? If deceased ,please give details</u>
--------------	--------------------------------	--

.....
.....
.....
.....

8) Where will the cat sleep at night?

9) Who will be the primary caregiver?

10)Will this cat be an indoor cat or free roaming?

11) If free roaming, how long do you intend keeping it indoors before Letting it out?

12)How will the cat access outdoors?

13)Do you live on a busy road?

14)(a) Where will the cat be during the day?

(b) Where will the cat be during the night?

15)Did you know that cats destroy furniture if not given alternative places to scratch?

16)How will you introduce this cat to you existing cats or dog/s?

.....

17)What are you going to feed your cat?

18)What flea control will you use?

19)If you have dogs, what exposure have they had to cats?

.....

.....

20)Can you afford the services of a private vet?

21)Who is your vet?

STAFF COMMENTS:

.....

.....

.....

.....

.....

.....

.....

DATE OF APPLICATION :

IMPORTANT

Although we vaccinate, de-worm and thoroughly examine the pets before they go to their new homes, we cannot guarantee that they will not be carrying an illness that has not yet manifested.

We urge you to consult your Vet and inform him/her that you intend adopting a dog/cat from a welfare organization and ask him/her to check that your pets Vaccinations are up to date.

It is also strongly recommended that you ask your Vet to give an additional Vaccination for kennel cough for dogs and snuffles for cats.

YOUR PETS NAME

AGE

DATE OF LAST VACCINE

(In the case of a pup/kitten
Give all dates.)

.....
.....
.....
.....
.....

In the case of a pup/kitten, we advise that you wait for a month after the third vaccination.

I have read this not and understand that I cannot hold the SPCA responsible if one of my other pets fall ill.

NAME

SIGNATURE

DATE