Cats and kittens – application form

Animal(s) interested in _____ **Animal location** _____

Surname _____ **Mr/Mrs/Miss/Ms/other** _____

First name _____ **E-mail address** _____

Address _____

_____ **Postcode** _____

Tel (home) _____ **Tel (work)** _____

Tel (mobile) _____ **Best time to contact** _____

Adults (over 18 years) in your household _____ **Relationship** _____

Children in your household _____ **Children ages** _____

Is there likely to be a change in the near future (e.g. new baby)? _____ **Are there any children who regularly visit the property?** _____

Is the above address:

☐ **house** ☐ **maisonette** ☐ **bungalow** ☐ **flat (which floor)** _____ ☐ **private** ☐ **tied**

☐ **private rent** ☐ **HM Forces** ☐ **Council/housing trust** **other** _____

Is there access to a private garden? ☐ **Yes** ☐ **No** **Do you have a cat flap fitted?** ☐ **Yes** ☐ **No**

If no, are you willing to get one fitted? ☐ **Yes** ☐ **No**

Is the accommodation on: ☐ **quiet road** ☐ **road with rush hour traffic** ☐ **busy main road** ☐ **railway line**

Are you due to move or have you booked a holiday within the next six months? _____

Do you work full/part time? ☐ **Full** ☐ **Part** **Hours worked per day** _____ **Days worked per week** _____

On average how long would your cat be left on its own, and why? _____

Any medical problems in your family affected by animals (e.g. allergy)? _____

Have all members of the family/household been in contact with cats? _____

Have you owned a cat before? ☐ **Yes** ☐ **No**

If yes, for how long and what type/sex is it? _____

Please provide details of other pets _____

Are they neutered? ☐ **Yes** ☐ **No** **Are they up-to-date with vaccinations?** ☐ **Yes** ☐ **No**

Have existing animals lived with cats? ☐ **Yes** ☐ **No**

Name and location of your veterinary surgeon _____

Are you prepared to cover the cost of boarding your cat when you are away? ☐ **Yes** ☐ **No**
(Approximate cost £7 per day)

Are you prepared to seek veterinary advice on routine vaccinations, worming and flea control and to cover the costs incurred for treatment given? ☐ **Yes** ☐ **No**
(Approximate cost – annual booster £32, worming and flea control £60 per year)

Are you in agreement that a volunteer makes a pre-home visit? ☐ **Yes** ☐ **No**
(A post-home visit will take place after adoption where proof of vaccination and neutering will be required)

The information I have provided is accurate at the time of completion

Signature _____ **Date** _____

The RSPCA would like to contact you with further information about our future activities. If you do not wish us to contact you again please tick this box. ☐
Please tick the box if you want to receive updates and information about our future activities and ways in which you can help the RSPCA by telephone ☐ and/or e-mail ☐

The RSPCA may allow other organisations whose aims are in sympathy with our own, or whose offers will benefit animal welfare to contact our supporters. If you do not wish to hear from them please tick this box. ☐

If you have any enquiries please contact 0300 1234 555 or go online at www.rspca.org.uk

Thank you for completing this form. Please contact the animal centre to arrange a visit.
Remember to take this form and a proof of address with you as this will help us handle your enquiry quickly.

This section to be completed by the animal centre

Ref no _____ **Interviewed by** _____ **Date** _____

Proof of address provided: ☐ Driver's licence ☐ Credit card statement ☐ Council tax bill ☐ Rent book ☐ Utility bill

Details of cat:

Ref no _____ **Name** _____ **Breed** _____

Age _____ **Sex** _____ **Colour** _____

Reason and date of entry _____

Date of neutering/dental check _____

Details and personality of cat:

Collection date _____

Home visitor/date passed out _____

Home visit result _____