



Please complete this application so we can learn about your home, lifestyle, and experience with cats - as well as know what you're looking for in a cat/kitten.

Have you seen a cat/kitten that you're interested in? Name: \_\_\_\_\_

**1. YOUR CONTACT DETAILS**

<b>Title:</b>	<b>First Name:</b>	<b>Surname:</b>
<b>Address:</b>		
		<b>Post Code:</b>
<b>Email:</b>	<b>Contact #:</b>	

**2. YOUR HOME & LIFESTYLE**

Do you: Own your home <input type="checkbox"/>			Rent your home <input type="checkbox"/>			Shared Accommodation <input type="checkbox"/>			
If you rent, do you have written permission from your landlord?						Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Do you have a garden? Yes <input type="checkbox"/>		No <input type="checkbox"/>		Communal <input type="checkbox"/>					
How would the cat access the outdoors?									
Are you willing to have a litter tray indoors?									
Who lives at home?		Adults:		Children:		Ages:			
(If applicable) Have the children previously lived with cats?									
Any visiting children?						Ages:			
Are you planning on moving house, going on holiday or having a major life change in the next 6 months?						Yes <input type="checkbox"/>		No <input type="checkbox"/>	
How long do you expect to leave a cat alone on a regular basis?				Hours per day:		How often will this be:			

**3. ABOUT YOU**

Please tell us about your experience with cats: _____

Do you own any other animals?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please detail:				
Have they lived with other cats before?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are they neutered?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
What vet are you registered with?				

**4. YOUR IDEAL CAT**

I need an indoor only cat:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	I would like:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Either	<input type="checkbox"/>
I would like a:	Kitten	<input type="checkbox"/>	Juvenile	<input type="checkbox"/>	Adult	<input type="checkbox"/>	Senior	<input type="checkbox"/>			
Can live with cats?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>							
Can live with dogs?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>							

Would you consider one of our extra special cats (eg: timid, disabled, bonded pair, feral):	

Anything else we should know when considering your application?	

**5. YOUR SIGNATURE**

**By signing this form you verify that all the above information is true and accurate, you agree to the RSPCA Adoption process, and that you're happy to have a home visit.**

Signature	Date
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The information you have provided on this form will be used by the RSPCA for the purposes of facilitating your application to foster or adopt a pet. We will not use your personal information for any other purpose without prior notice to you and we will not share your personal information with third parties for their own marketing purposes.