

CAT REHOMING APPLICATION FORM



Les Fiers Moutons
St Andrews
GY6 8UD
Tel: 01481 257261

Initial Interview by:

Date:

Our chief concern at the GSPCA is that the cats should go to permanent homes where they will be happy and well cared for, for the rest of their lives. All the cats are here because their owners couldn't, or more often wouldn't, care for them. Our first duty is to the cat and we hope to match each cat to a suitable owner. This is why we require all prospective owners to answer the following questions and give us as much information as possible before selecting a cat.

Please note:

The cats are the property of the GSPCA and are rehomed at our discretion. The GSPCA can refuse to rehome a cat without giving a reason and cannot accept responsibility for the temperament or behaviour of any cat after rehoming.

Please complete this form in BLOCK CAPITALS

Name of Applicant

Address of Applicant

POST CODE:

Tel. No. (Home) (Mobile) Email:

Are you a member of the GSPCA? YES NO

Questionnaire

Please tick boxes where appropriate

1. Have you previously applied to the GSPCA for a dog or cat YES NO

If yes, when?

2. What type of cat are you looking for? (e.g. age & sex)

3. Have you owned a cat before? YES NO

If so, please state for how long you owned him/her

4. Have you got any cats or other pets at home? YES NO

If yes, please give details

5. Why do you want a cat?

6. What type of accommodation do you live in? HOUSE BUNGALOW FLAT

7. Who owns your accommodation? PRIVATE STATES RENTED LEASED

If accommodation is leased/rented we require written permission from the Landlord.

8. Will you be moving shortly?

9. Initially, how long do you intend to keep the cat indoors?

10. Will your cat have access to an outdoor area? GARDEN BALCONY ROOF TERRACE

Other

11. Do you have a cat flap? YES NO WILL FIT ONE

12. If the cat is not to have access to the outside, where will it go to the toilet?
.....
13. Does your accommodation open directly onto a busy road?.....
14. How many people live in your household?
ADULTS CHILDREN CHILDREN'S AGE
15. Is this likely to change in the near future?.....
16. Are there any children who visit your household and if so, how often and please state age(s)
.....
17. Is a new baby expected?.....
18. Is anybody in your household allergic to cats/an asthma sufferer?.....
19. Please state where the cat will stay during the night
20. Please state where the cat will stay during the day.....
21. Do you have any holidays planned? YES NO
22. Please state where the cat will stay if you go away.....
23. On an average day, how long would your cat be left on its own and why?
.....
24. Please indicate how much you think it may cost you.
- i. To vaccinate your cat per year?.....
 - ii. To feed your cat per week?.....
 - iii. For cat litter per week?.....
 - iv. To neuter your cat (spay/castrate)?.....
25. What is your opinion on neutering?.....
26. Please give the name of your Veterinary Surgeon, if applicable
27. How do you feel about one of our staff visiting your home?.....
28. Are there any other comments you would like to make to support your application?
.....

I undertake to have the Cat/Kitten Spayed/Neutered

In the event that you are no longer able to care for the cat, it must be returned to the Shelter

Please sign and date this application form.

Signature..... **Date**.....

RELEASE NOTES

GSPCA No:..... **NAME:**..... **SEX:**..... **COLOUR:**.....

MICROCHIP NO:.....

DATE SPAYED/NEUTERED:..... **DATE FLEA TREATMENT:**.....

DATE WORMED:.....

DATE 1ST VACCINATION:..... **DATE SECOND VACCINATION:**.....

STAFF SIGNATURE..... **DATE**.....

HOME CHECK OK? YES NO
Comment: