

ABN: 16 055 396 731 CFN: 17290 Authorised Re-homing Number: R251000060

Date:____

CAT ADOPTION QUESTIONNAIRE

Thank you for applying to adopt a rescue cat and saving a life!

These questions are aimed at making sure you realise the extra responsibilities that come with owning a cat, to help determine what type of cat you are looking for, and to assist us in finding the right cat for you. We endeavour to find loving, responsible, forever homes for our animals so please answer all questions as accurately as possible.

Completion of this questionnaire <u>does not guarantee the adoption</u> of a cat from Northern Rivers Animal Services. This questionnaire is a tool designed to help NRAS source the best possible forever homes for the cats we have in care. In some cases, more than one application is received for the adoption of an NRAS cat. The decision is then with NRAS as to which application is the most suitable.

If the application is successful, the adoption fee must be paid in full prior to the release of the cat. All NRAS cats are subject to a two week trial. If you decide during the two week trial that you do not want to keep the cat, then when you return the cat to NRAS the **adoption fee minus \$25** is **refunded**.

Cat's Name (If spe	ecific interest):						
YOUR DETAILS							
Name							
Address				Postcode			
Phone							
Email							
Your Age Group (please indicate)						
18 -24 years		40 – 54 years	55 – 64 years	65 – 74 years	75+ years		
YOUR PREFERENCE	ES						
Breed		Colour					
Age							
	☐ Male	☐ Female	Size		□ S □ M □ L		



Reason you want to a	dopt a new pet (please tick	ALL that apply)				
☐ Family companic	on l	☐ For my	children		Companior	n for existi	ng pet	
OTHER								
Have you owned a ca	it before:				☐ Ye	s \square	No	
If YES, have they been	n desexed & micr	ochipped.	and vaccind	ated in the last ye	ear? 🗌 Ye	s \square	No	
If NO, please give rea	son							
YOUR HOME								
Which best describes								
☐ Townhouse / Unit ☐ Duplex		(☐ House			☐ Farm		
Other:								
Who is the owner of the	<u> </u>		<u>l live?</u>	Τ				
☐ Myself/my partner	☐ Family me	mber 🔲	Private rental	☐ Agency ren	ital 🔲 Go	vernment	Housing	
If you are not the prop You will be required to								
being processed.	provide proof o	I HOINE OWI	icisinp or winc		oval phor lo	ппз аррп	Callott	
How many children (u	nder 18) live or re	egularly sta	y at your home	ķ				
Age ranges of children	n:							
Does anyone who resi	des in the house	have any p	et allergies?			Yes	□ No	
Please list any pets tha	ıt live with you no	ow						
			_		Desexed		ng have	
Dog or Cat	Breed		Age	Male or Female	Yes / No	you nad	d this pet	
Are existing pets up to date with heartworm, worm & flea control?						Yes	□ No	
Do existing cat/s sleep	inside or outside	∍?						
Where will the adopte	d cat sleep?							
Do you have a regula	r Vet?					Yes	□ No	
Vet's Name:			P	hone No:				
	please return this NRAS at 61 Pipe					<mark>d approve</mark>	al	
<u>OFFICE USE ONLY</u> : Entered into "Looking Fo	or "Database		Volunteer's Ini	tials:	Date:			
entered into Looking re Additional comments:	oi Dalabase		volutileet s int	iiuis.	Dale:			

