



CAT ADOPTION APPLICATION

Richmond Animal Protection Society ('RAPS')

12071 No. 5 Rd, Richmond, BC V7A 4E9
604-275-2036 – info@rapsbc.com – www.rapsbc.com

Date _____

Cat's Name _____ Age: _____

Name _____
(hereinafter referred to as the 'Adopter')

Phone # _____ Cell _____

Address _____

City _____ Province _____ Postal Code _____

Home/ Work Phone # _____ Mobile Phone # _____

Email _____

Personal Reference Name _____ Phone # _____

Relationship _____ How long known _____

Please complete the following questionnaire in its entirety. Our main objective is to ensure good compatibility between you, your family, and your new pet. Please return this application to the reception desk staff.

Do you own or rent your residence? Own Rent

If you rent, do you have your landlord's permission to have a cat? Yes No

Landlord's name and phone #: _____

What type of home do you live in? House Apartment Condo Trailer Townhouse

Other: _____

How long have you resided at your current address? _____



Is this going to be your first cat?

 Yes No

If no, were they

 Indoor Outdoor Indoor and Outdoor

Will THIS cat be

 Indoor Outdoor Indoor and Outdoor

If this is not your first cat, what happened to your previous cat? _____

List plans for this cat:

 Companion Company for other pet Barn Cat (mouser)

Other: _____

Do you have a regular veterinarian?

 Yes No

If yes, please provide name and phone #: _____

Are you 19 years of age or over?

 Yes No

Who will be the primary caregiver of the cat? _____

Are all family members in agreement of adopting a cat?

 Yes No

Are there any children residing in your household?

 Yes No

If yes, how many? _____ What ages? _____

Does any family member suffer from allergies?

 Yes No

Do you currently own any other animals (including livestock)?

 Yes No

If yes, please list: _____

Are they spayed or neutered?

 Yes No

If you do have other pets, how do you feel they will adjust to a new cat in the house?

Where will the cat spend the day?

 Loose indoors Barn Loose outdoors

Other: _____

Where will the cat be at night?

 Loose indoors Barn Loose outdoors

Other: _____



Do you feel you can commit to a cat for the next 10 to 20 years?

Yes

No

Have you in the past or would you ever consider declawing your cat?

Yes

No

If you were to move in the future, what will happen to the cat? _____

Are you able to provide proper medical care for your cat as required?

Yes

No

Do you agree to return the cat to RAPS if you can no longer keep it?

Yes

No

If your cat scratched up your couch, how would you handle this? _____

If you returned home to find your cat has urinated/defecated on the floor, what would you do? _____

ONLY APPLICANTS CHOSEN FOR ADOPTION WILL BE CONTACTED

Animal Control Services are concerned for the well being of all shelter cats. Would you be willing to allow one of our staff members to do a scheduled home visit prior to, and/or after the adoption process?

Yes

No

If no, explain _____

All the information I have provided above is true and correct.

Applicant's signature _____

Date _____

Staff Initials _____

The Richmond Animal Protection Society reserves the right to refuse any applicant.