



## CAT ADOPTION APPLICATION

### Regional Animal Protection Society ('RAPS')

Richmond Animal Shelter | 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? \_\_\_\_\_



# RAPS | Regional Animal Protection Society

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 Regional Animal Protection Society reserves the right to refuse any applicant.*