



CAT ADOPTION APPLICATION

Regional Animal Protection Society ('RAPS')

RAPS Adoption Centre | #203-13340 Smallwood Place, Richmond, BC V6V 1W8

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? _____

What energy level are you looking for in your cat? Low Med High

Please check behaviours that you are not comfortable with: (select all that apply)

- Scratching
- Marking
- House training issues
- Medical issues
- Territorial
- Destructive
- Agressive
- Anxiety
- Food/toy guarding
- Reactive

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? _____

Occupation? _____

Do you have reliable transportation? Yes No

Are all family members in agreement of adopting a cat? Yes No

How many people reside in your home? _____

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 or foster 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: _____

How long will the cat be alone most days? _____

Where will the cat go when you are away? _____

Do you feel you can commit to a cat for the next 10 to 20 years? Yes No

How much do you expect the cost to be monthly? _____

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

Have you ever surrendered or rehomed an animal? Yes No

What would prompt you to surrender an animal? _____

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

We are concerned for the well being of all RAPS 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.