



## CAT ADOPTION APPLICATION

### Regional Animal Protection Society (RAPS)

RAPS Cat Sanctuary | 3380 No. 6 Road, Richmond, BC V6V 1P5

604-279-0024 | info@rapsbc.com | rapsbc.com

Date \_\_\_\_\_

Cat's Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_

Personal Reference Name (not a family member) \_\_\_\_\_

Relationship \_\_\_\_\_ How long known? \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

**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 RAPS Adoption Centre.**

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? \_\_\_\_\_

\_\_\_\_\_



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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  Aggressive  Food/toy guarding  Anxiety  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 children residing in your household?  Yes  No

If yes, how many? \_\_\_\_\_ What ages? \_\_\_\_\_

Does any family member suffer from allergies?  Yes  No

If yes, what type of allergies? \_\_\_\_\_

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 when you are home?

Loose indoors  Loose outdoors  Basement  Garage  Barn  Other \_\_\_\_\_

Where will the cat spend the day when you are not home?

Loose indoors  Loose outdoors  Basement  Garage  Barn  Other \_\_\_\_\_

Where will the cat be at night?

Loose indoors  Loose outdoors  Basement  Garage  Barn  Other \_\_\_\_\_



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How long will the cat be alone most days? \_\_\_\_\_

Where will the cat go when you are away of on vacation? \_\_\_\_\_

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 for everyday supplies (ie. food, litter, enrichment, etc.) \_\_\_\_\_

Have you in the past or would you ever consider declawing your cat?  Yes  No

If yes, please explain \_\_\_\_\_

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

How much can you afford annually for vet care? \_\_\_\_\_

Have you ever surrendered or re-homed an animal? \_\_\_\_\_

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 outside the litter box (on floor, couch, bed, etc.)  
what would you do? \_\_\_\_\_

If it was an unusual behaviour what would you do? \_\_\_\_\_

If it was an ongoing behaviour what would you do? \_\_\_\_\_

**ONLY APPLICANTS CHOSE FOR ADOPTION WILL BE CONTACTED**

We are concerned for the well being of all RAPS cats. Would you be willing to allow one of your 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.*