

Sadies Stray Dog Rescue 16 Hillside Close, Banbury Oxon OX16 9YT

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 $\underline{https://www.facebook.com/groups/sadiesstraydogrescue}$ 

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## **Cat Adoption Application Questionnaire**

WHERE DID YOU HEAR ABOUT OUR RESCUE?	
NAME OF FIRST APPLICANT / MAIN CARER	
ADDRESS	
POSTCODE	
TELEPHONE	
MOBILE	
EMAIL	
DATE OF BIRTH	
NAME OF SECOND APPLICANT	
ADDRESS	
POSTCODE	
TELEPHONE	
MOBILE	
EMAIL	
DATE OF BIRTH	
YOUR HOME	
WHAT TYPE OF PROPERTY DO YOU LIVE IN?	
DO YOU OWN YOUR PROPERTY?	

IF RENTED DO YOU HAVE PROOF OF PERMISSION TO KEEP CATS?			
HOW MANY PEOPLE LIVE IN THE PROPERTY?	Adults	Children	
AGES OF CHILDREN IN THE PROPERTY?			
DO YOU HAVE A SECURE GARDEN AREA and APPROX SIZE, HOW HIGH IS THE HEDGE/WALL ETC			
ANY PLANS TO MOVE TO A NEW HOUSE IN NEXT 12 MONTHS			
YOUR LIFESTYLE			
DO YOU WORK? HOW MANY HOURS?			
DOES YOUR PARTNER WORK? HOW MANY HOURS?			
WHAT ARE YOUR OCCUPATIONS?			
YOUR PETS			
ANY CATS AT PRESENT TIME?			
MALE OR FEMALE?			
ARE THEY SPAYED or NEUTERED?			
PLEASE STATE CURRENT CAT/S AGE			
TEMPERAMENT/BEHAVIOUR OF CURRENT CAT/S			
ARE CATS VACCINATED?			
ANY OTHER PET(s) IN THE HOME, IF SO, WHAT?			
ANYONE IN THE HOUSEHOLD BANNED FROM KEEPING PETS?			
YOUR CAT EXPERIENCE			
HAD A CAT BEFORE?  IF YES, PLEASE GIVE DETAILS	YES / NO		
IF NO PLEASE GIVE DETAILS OF OTHER CAT EXPERIENCE			
YOUR NEW CAT			
HAVE YOU SEEN A CAT YOU ARE INTERESTED IN? WHAT IS THE NAME?			
WHY ARE YOU INTERESTED IN THIS CAT?			
WOULD YOU PREFER A MALE OR FEMALE?			
WHAT AGE CAT DO YOU WANT?			
WOULD YOU TAKE A CAT WITH MEDICAL ISSUES - IF SO WHAT ISSUES?			
DO YOU INTEND TO ALLOW YOUR CAT OUT OR			
WILL IT BE A HOUSE CAT ?.  PLEASE ADVISE OF ANY MOBILITY OR DISABILITY			
CHALLENGES WE SHOULD TAKE INTO CONSIDERATION			

HOW LONG WOULD THE CAT BE LEFT ALONE?	
WHERE WOULD THE CAT BE KEPT WHEN YOU ARE OUT?	
IF YOU DO NOT HAVE A CAR, HOW WOULD YOU TRANSPORT THE CAT TO THE VETS?	
WHAT WOULD YOU DO WITH THE CAT AT HOLIDAY TIMES?	
ie, take with you, sitter, kennels?	
HAVE YOU CONSIDERED THE FINANCIAL IMPLICATIONS OF TAKING ON A/ANOTHER CAT	
INCLUDING INSURANCE, VACCINATION,	
SPAYING/NEUTERING FEES, FOOD, ETC?	
HOW WOULD YOU INTRODUCE YOUR NEW CAT TO YOUR HOME?	
HOW FAR WOULD YOU TRAVEL TO COLLECT YOUR CAT?	
DO YOU AGREE TO HAVE AN CAT SPAYED/NEUTERED AT YOUR COST	
DO YOU HAVE ANY OBJECTIONS TO THE RESCUE	
CONTINUING CONTACTING YOU AFTER THE ADOPTION?	
DO YOU AGREE TO US CONTACTING YOUR VET FOR A REFERENCE?	
VET'S NAME	
PRACTICE ADDRESS	
& PHONE NUMBER	
IS THERE ANYTHING ELSE YOU WOULD LIKE US TO K	/NOW2
IS THERE ANTIHING ELSE TOO WOOLD LIKE US TO N	NOW:

	Please rea	ad the following carefully and sign	ı below			
(*)	Adoption fee is £175 this is not payment for the cat but put towards the cost of passport, vaccinations and transportation to the UK. This is non-refundable and is payable on the day of the adoption.					
(*)	The need for insurance is essential as the rescue will not be held responsible for vet's bills.					
(3)	The new owner must agree to have the cat either neutered or spayed					
(4)	New owners must also agree that we can keep in touch for the rest of the cat's life. A follow up visit will be arranged after the adoption.					
Our cats will always have lifetime care . Should your circumstances change and you must rehome your cat it is a condition of the adoptiion that you contact us in the first instance for information on how we can help .						
Applica	ant's Name (PRINT)	Applicant's Signature	Date			