

DANAHER CAT ADOPTION QUESTIONNAIRE

APPLICANTS MUST BE OVER THE AGE OF 18 YEARS

ALL PAYMENTS ARE NON REFUNDABLE

BY FILLING OUT AND SIGNING THIS FORM YOU ARE DEEMED TO HAVE READ AND ACCEPTED OUR TERMS AND CONDITIONS, COPIES ARE AVAILABLE ON REQUEST

DATE OF APPLICATION:			
TITLE:	FORENAME:	SURNAME:	
FULL ADDRESS:			
TOWN:	COUNTY:	POSTCODE:	
TEL NO:	MOBILE:	EMAIL:	
OCCUPATION:	PARTNERS OCCUPATION:		
<input type="checkbox"/> FULL <input type="checkbox"/> PART TIME <input type="checkbox"/> SHIFTS <input type="checkbox"/> OTHER	<input type="checkbox"/> FULL <input type="checkbox"/> PART TIME <input type="checkbox"/> SHIFTS <input type="checkbox"/> OTHER		

IS YOUR PROPERTY:	IF RENTED - WE WILL NEED TO SEE A COPY OF YOUR LEASE BEFORE COLLECTION OF ANIMAL
TYPE OF PROPERTY:	IF FLAT - PLEASE SPECIFY WHICH FLOOR:
DO YOU HAVE DIRECT ACCESS TO A GARDEN:	WHO OWNS IT:
IS YOUR PROPERTY NEAR / ON A BUSY ROAD E.G. NEAR SCHOOL / BUS ROUTE:	A HOME CHECK MAY BE REQUIRED BEFORE YOU CAN RESERVE ONE OF OUR CATS

ARE THERE ANY BABIES EXPECTED IN THE HOUSEHOLD IN THE NEAR FUTURE:	ARE YOU LIKELY TO CHANGE JOBS IN THE NEAR FUTURE:
HOW MANY ADULTS LIVE AT THE PROPERTY (OVER 18):	AGES OF CHILDREN LIVING AT THE PROPERTY:
AGES OF THE CHILDREN WHO VISIT REGULARLY:	HOW OFTEN:
ARE YOU GOING AWAY FOR ANY REASON IN THE NEXT FEW MONTHS? - PLEASE INCLUDE SHORT BREAKS, HOLIDAYS ETC:	
	PLEASE SPECIFY DATES:
WHERE WILL THE CAT STAY WHILE YOU ARE AWAY:	
WILL YOU BE WILLING TO TAKE OUT PET INSURANCE:	RSPCA INSURANCE IS AVAILABLE

HAS ANYONE BEEN OR IS ANYONE ALLERGIC TO CATS IN THE HOUSEHOLD:	GIVE DETAILS:	
HAVE YOU OWNED A CAT BEFORE:		
DO YOU CURRENTLY HAVE ANY ANIMALS? PLEASE LIST (SPECIES / AGE / SEX):		
ARE THEY NEUTERED:	WHEN WERE THEY LAST VACCINATED:	NAME OF VETERINARY PRACTICE:

HAVE YOU EVER HAD A CAT WITH BEHAVIOURAL PROBLEMS, IF SO WHAT:	
HOW DID YOU DEAL WITH THE PROBLEM:	
HOW WOULD YOU DEAL WITH A CAT THAT HAS A BEHAVIOURAL PROBLEM:	
HOW IMPORTANT IS IT THAT THE CAT LIKES TO BE HANDLED:	
ON AN AVERAGE DAY HOW LONG WILL THE CAT / KITTEN BE LEFT:	
WOULD YOU PREFER A CAT TO BE:	
WHERE WOULD THE CAT STAY WHILE YOU ARE OUT:	GENDER OF CAT YOU ARE LOOKING TO ADOPT:
ARE YOU LOOKING TO ADOPT A: <input type="checkbox"/> A PAIR <input type="checkbox"/> KITTEN (UP TO 6 MTHS) <input type="checkbox"/> YOUNG (6 MTHS-2 YRS) <input type="checkbox"/> MATURE (2+) <input type="checkbox"/> SENIOR (8+) <input type="checkbox"/> ANY	
SPECIFIC BREED:	
NAME OF CAT YOU ARE INTERESTED IN:	
PRINT NAME:	SIGN HERE:

