



Cat Adoption Application

Richmond Animal Shelter
12071 No. 5 Rd, Richmond, BC
V7A 4E9
604-275-2036



Date Cat is adoptable: _____ Name: _____
Log #: _____ Breed: _____ Color: _____ Age: _____



Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone#: _____ Alternative Phone#: _____

Email Address: _____

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.

1. Do you own or rent your residence? Own Rent
2. If you rent, do you have your landlord's permission to have cat? YES____ NO____
3. Landlord's name and phone #: _____
4. What type of home do you live in? House Apartment Condo Trailer Townhouse
Other: _____
5. How long have you resided at your current address? _____
6. a. Is this going to be your first cat? YES____ NO____
If no, were they: Indoor Outdoor Indoor and Outdoor
b. Will THIS cat be indoor only OR indoor/outdoor. (circle one)
7. If this is not your first cat, what happened to your previous cat?

8. List plans for this cat: Companion Company for other pet Barn Cat (mouser)
 Other: _____
9. Do you have a regular Veterinarian? YES NO
If yes, please provide name and phone #: _____

10. Are you 19 years of age or over? YES NO
11. Who will be the primary caregiver of the cat? _____
12. Are all family members in agreement of adopting a cat? YES ___ NO ___
13. Are there any children residing in your household? YES NO
If yes, how many? _____ What ages? _____
14. Does any family member suffer from allergies? YES ___ NO ___
15. Do you currently own any other animals (including livestock)? YES ___ NO ___
If yes, please list: _____
Are they spayed or neutered? YES ___ NO ___
16. If you do have other pets, how do you feel they will adjust to a new cat in the house?

17. Where will the cat spend the day?
 Loose indoors Barn Loose outdoors Other: _____
18. Where will the cat be at night?
 Loose indoors Barn Loose outdoors Other: _____
19. Do you feel you can commit to a cat for the next 10 to 20 years? _____
20. Have you in the past or would you ever consider declawing your cat?

21. If you were to move in the future, what will happen to the cat? _____

22. Are you able to provide proper medical care for your cat as required? YES ___ NO ___
23. Are you aware that if you can no longer keep the cat, you are required to return it to RAPS? YES NO
24. If your cat scratched up your couch, how would you handle this? _____

25. 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, please explain:* _____

All the information I have provided above is true and correct.

Applicants signature: _____ **Date:** _____

Staff Initials: _____