



## CAT ADOPTION APPLICATION FORM

NAME / RESCUE / TAG NUMBER OF THE PET YOU WISH TO ADOPT:

### CONTACT INFORMATION

First Name:

Surname:

Date of Birth:

Email:

Phone No (Inc country code):

Mobile No (Inc country code):

Address in full:

Do you agree to a pre-scheduled home check (if necessary)?

- No
- Yes (what days of the week and times are suitable?)

### FAMILY & HOUSING

Occupation:

Employer & Contact Info:



## CAT ADOPTION APPLICATION FORM

Position within employment:

What is your work schedule? How many hours are you away from home on an average work week?

Where will your pet be kept during the time you are not in?

How many hours on average will your cat be left alone?

Where will your pet be sleeping during the night?

How many adults are there in your family?

How many children and what are their ages, if any are present?

What type of home do you live in?

- Apartment (how many bedrooms?)
- Townhouse/Terraced
- Semi detached Villa/House
- Detached Villa/House
- Farm



## CAT ADOPTION APPLICATION FORM

Do you own or rent your home?

- Own
- Rent

If you rent, do you have written permission from the landlord to hold pets?

- Yes (written permission must be presented)
- No

Does the property have a yard?

- Yes
- No

If YES, is it fenced? Please describe (with measurements)

If NO, how will you confine your cat? (please give details)

If you rent, please provide your landlord's info here:

Please describe your home from the point of view of activity levels:

- Active
- Noisy
- Quiet
- Average

How long have you lived at your current address?



## CAT ADOPTION APPLICATION FORM

Are you planning on moving in the near future?

Do you have a swimming pool?

- No
- Yes

Does anyone in your family have a known allergy to cats?

When not home, would your cat have access to the house?

### OTHER PETS

Do you own any pets?

- YES
- NO

If YES, then please give following details:

Name of the pet:

Species (canine, feline, avian, etc):



## CAT ADOPTION APPLICATION FORM

Breed:

Age:

Disposition towards cats:

Current vet's name and contact details:

Are you aware that your cat might need medical care at some stage in his/her life and are you prepared to support the expenses potentially incurred?

- Yes
- No

If you move house or must move to another country, what will happen to your cat?

If you go on holiday, can you make provisions for your pet to be looked after? (Please ask for details on our boarding service, we can help)

- Yes
- No

Have you ever taken an animal to a shelter?

- Yes
- No

Have you previously owned pets?

- Yes
- No



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Are your other pets up to date with vaccines?

- Yes
- No

Are your other pets spayed/neutered? If not, why?

Have you ever lost a pet to an accident?

### ABOUT THE CAT YOU WISH TO ADOPT

Why do you want this cat?

Who will have primary responsibility for this cat's daily care?

Do you agree to provide regular health care by a licensed veterinarian?

Do you agree to keep the cat as an indoor pet?



## CAT ADOPTION APPLICATION FORM

Do you agree to contact us if you can no longer keep the cat?

Do you agree to send us updates and pictures of your adopted pet?

- Yes
- No



## CAT ADOPTION APPLICATION FORM

### TERMS AND CONDITIONS

All of the information I have given is true and complete.

This cat will reside in my house as a pet, I will provide it with good quality food as per my financial means, plenty of fresh water, indoor shelter, affection, annual physical examination and vaccinations under the supervision of a licensed veterinarian.

I agree to not sell, trade or surrender this pet to anyone without giving prior notice to Animal Rescue Cyprus.

I agree that the rescue may reclaim the cat if I can no longer keep it.

I agree that the adoption fee is non-refundable and there is no reimbursement if the adoption does not work out.

I agree that all expenses of my cat after I take possession will be my responsibility and Animal Rescue Cyprus is released of any liabilities.

Name:

Adopters Signature:

Date:





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The adopter and Animal Rescue Cyprus have agreed upon the total of \_\_\_\_\_ Euros for help with expenses incurred by this cat's welfare package. The package includes, but is not limited to: vaccinations, internal and external parasite treatment, microchip and relevant paperwork, health book, bath prior to adoption and spay/neuter surgery when the cat is old enough.

Address: 12 Dedalos Building, 8049 Kato Paphos, Cyprus  
Clinic: 26946461, Fax: 26222236  
24H Emergency: 99655581  
E-mail: [sponsor@cyprusanimalwelfare.com](mailto:sponsor@cyprusanimalwelfare.com)