



ISPCA Head Office,
National Animal Centre,
Derrygloher Lodge, Keenagh,
Co. Longford
Tel. 043 3325035 Fax. 043 3325024

<u>OFFICE USE ONLY</u>
Cats Name: _____
Deposit Paid: _____



CAT ADOPTION APPLICATION FORM

Please be aware of €45 adoption fee. The sum partially covers the expense for cats to be neutered, vaccinated and treated for internal and external parasites.

Our chief concern at the National Animal Centre is that animals should go to permanent homes where they will be happy and well cared for, for the rest of their lives. All the animals are here because their owner couldn't or more often wouldn't care for them. We hope to match each animal to a suitable owner. Our first duty is to the animal and to see that it doesn't have another terrible experience. In order to ensure this, we require prospective owners to answer the following questions and ask them to give as much information as possible.

PLEASE NOTE:

You must provide confirmation of your name and address. If you live in a council or rented property, written permission from the council or owner may be required. The animals are the property of the ISPCA and are re-homed at our discretion. The ISPCA can refuse to re-home an animal without giving a reason and cannot accept responsibility for the temperament or behaviour of any of our animals after re-homing.

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

NAME OF APPLICANT _____ DATE _____

ADDRESS OF APPLICANT _____

HOME PHONE _____ MOBILE _____ EMAIL _____

APPLICANTS OCCUPATION _____ PARTNERS OCCUPATION _____

HAVE YOU PREVIOUSLY APPLIED TO THE ISPCA FOR A CAT _____ IF YES WHEN AND WHICH COUNTY _____

WHAT TYPE OF CAT ARE YOU LOOKING FOR? _____

HAVE YOU EVER OWNED A CAT BEFORE? _____ IF YES WHAT HAPPENED TO IT _____

HAVE YOU ANY OTHER PETS? _____ IF YES PLEASE GIVE DETAILS _____

WHY DO YOU WANT A CAT? _____

WHAT TYPE OF ACCOMMODATION DO YOU LIVE IN? _____

WILL YOU BE MOVING SHORTLY? _____ IF YES PLEASE GIVE DETAILS _____

WHO OWNS YOUR ACCOMMODATION? _____

DOES YOUR ACCOMMODATION OPEN DIRECTLY ONTO A BUSY ROAD? _____

HOW SECURELY IS YOUR GARDEN FENCED? _____

HOW MANY PEOPLE LIVING IN HOUSE: ADULTS: _____ CHILDREN _____ CHILDRENS AGES _____

IS THERE ANYONE IN THE HOUSE ALLERGIC TO ANIMALS OR AN ASTHMA SUFFERER? _____

WHERE WILL THE CAT BE IN THE DAY _____ AND AT NIGHT _____

WHERE WILL THE CAT STAY WHEN YOU GO AWAY _____

ON AVERAGE HOW LONG WILL THE CAT BE LEFT ON ITS OWN AND WHY _____

APPROXIMATELY HOW MUCH DO YOU THINK IT MAY COST YOU TO:

VACCINATE YOUR CAT _____ FEED YOUR CAT WEEKLY _____ NEUTER YOUR CAT _____

PLEASE GIVE THE NAME AND ADDRESS OF YOUR VET _____

WHAT IS YOUR OPINION ON NEUTERING _____

HOW DO YOU FEEL ABOUT A MEMBER OF STAFF VISITING YOUR HOME _____

ARE THERE ANY COMMENTS YOU WOULD LIKE TO MAKE IN SUPPORT OF YOUR APPLICATION?

WHERE DID YOU HEAR ABOUT THE NATIONAL ANIMAL CENTRE _____

PLEASE SIGN AND DATE THIS APPLICATION FORM

I CONFIRM THAT I AM OVER 18 YEARS OF AGE. IF FOR ANY REASON I AM UNABLE TO KEEP THE CAT, I WILL RETURN IT TO THE NAC.

SIGNATURE _____ DATE _____

YOUR INFORMATION MAY BE USED BY THE ISPCA TO ADVISE YOU OF OTHER ACTIVITIES AND INITIATIVES THAT MAY BE OF INTEREST TO YOU. IF YOU DO NOT WISH TO RECEIVE SUCH INFORMATION PLEASE TICK HERE _____

IF YOU WISH TO BE CONTACTED BY EMAIL, TEXT MESSAGE TICK HERE _____

WE SOMETIMES OFFER OTHER ORGANISATIONS WHOSE AIMS ARE IN SYMPATHY WITH OURS, OR WHOSE OFFERS WILL BENEFIT ANIMAL WELFARE TO CONTACT OUR SUPPORTERS

If you wish to be receive this information please tick here _____