



Society for the Care of Animals in Need



## INTERNATIONAL ADOPTION QUESTIONNAIRE

Before any adoption SCAN needs information so we can match you and your cat. Many SCAN CATS have previously been abandoned or surrendered and our main concern is for all our animals to move into permanent homes where they will be loved for the rest of their lives. This questionnaire looks for compatibility between the cat, the adopter, the family, and the home so that none of our SCAN CATS are ever abandoned or surrendered again.



### ADOPTION REQUEST FOR:

*Enter names of the SCAN cats and kittens you would like to adopt*

### ABOUT YOU (CAPITAL LETTERS PLEASE)

Name:	Landline:
Address:	Mobile:
	ID Number:
	Date of Birth:
	Nationality:
Email Address:	
Occupation:	
IF FULL TIME, number of days worked each week:	
IF PART TIME, number of hours worked each day:	
Please describe your hobbies and interests:	

### WHY DO YOU WANT TO ADOPT A CAT OR KITTEN?

# ADOPTION QUESTIONNAIRE

<b>ABOUT YOUR HOME (THE ADDRESS GIVEN ON PAGE 1)</b>	
How long have you lived here?	
Are you the: <ul style="list-style-type: none"> <li><input type="checkbox"/> Owner</li> <li><input type="checkbox"/> Tenant</li> <li><input type="checkbox"/> Other, please describe:</li> </ul>	<b>If tenant</b> , do you have permission from your landlord to keep pets? <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No <i>(please note we may require proof of permission)</i></li> </ul>
Type of Home: <ul style="list-style-type: none"> <li><input type="checkbox"/> House</li> <li><input type="checkbox"/> Apartment</li> <li><input type="checkbox"/> Rural Property</li> <li><input type="checkbox"/> Other, please describe:</li> </ul>	<b>If Apartment:</b> How many square metres? _____  What floor: _____
Type of outside space <ul style="list-style-type: none"> <li><input type="checkbox"/> Garden or Yard</li> <li><input type="checkbox"/> Balcony or Roof</li> <li><input type="checkbox"/> Fenced</li> <li><input type="checkbox"/> Unfenced</li> </ul>	<b>If Balcony or Roof</b> , describe how the space is covered and secured:
Do your near neighbours own any pets?	
<ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Yes, cats and dogs</li> </ul>	<input type="checkbox"/> Yes, other, please describe:

<b>ABOUT YOUR FAMILY</b>	
Who lives in your home with you?	
Who regularly visits you?	
How many children live with you or regularly visit you: _____ How old are the children: _____ Have they interacted with animals before? <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul>	
Do you, any of those who live with you or any of your regular visitors suffer from allergies?	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul>	<b>If yes, please describe:</b>
Are all your family in agreement about adopting a cat or kitten?	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul>	<b>If no, please explain the reason:</b>



# ADOPTION QUESTIONNAIRE

ABOUT YOUR CURRENT AND PREVIOUS PETS	
<b>CATS</b> currently in your home: How many: _____ How old: _____	<b>DOGS</b> currently in your home: How many: _____ How old: _____
How long have you owned your CATS?	How long have you owned your DOGS?
Where did you obtain your CATS? <input type="checkbox"/> Cat Rescue Organisation <input type="checkbox"/> Breeder <input type="checkbox"/> Friend <input type="checkbox"/> Other, please describe:	Where did you obtain your DOGS? <input type="checkbox"/> Dog Rescue Organisation <input type="checkbox"/> Breeder <input type="checkbox"/> Friend <input type="checkbox"/> Other, please describe:
Are they ALL sterilised? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are they ALL sterilised? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are they ALL vaccinated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are they ALL vaccinated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are they ALL microchipped? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are they ALL microchipped? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe your CATS' character:	Please describe your DOGS' character:
Have your CATS lived with other cats before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have your DOGS lived with other cats before: <input type="checkbox"/> Yes <input type="checkbox"/> No
Provide the name and address of the veterinary practice where your CATS are registered:	Provide the name and address of the veterinary practice where your DOGS are registered:
Please tick to <b>confirm your agreement</b> for us to contact your vet for a reference if required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you currently have no cats, do you have previous experience of caring for a cat or kitten? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes</b> , please describe your experience:	
Have you ever had to surrender or re-home a previous pet? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes</b> , please tell us the reason:	



## ADOPTION QUESTIONNAIRE

### CARING FOR A SCAN CAT

The SCAN cat will be owned by:

- YOU
  Your child
  A family member
  A friend

The primary carer, responsible for feeding, changing litter, and veterinary care will be:

- YOU
  Your child
  A family member
  A friend

The SCAN cat will be kept:

- Indoors
  Outdoors
  Indoors with access to outdoors by a:

**If indoors**, the SCAN cat will need access to a stimulating environment. **Please confirm** you will provide toys and scratching posts so it can display its natural behaviour:

- Yes
  No

- Cat flap  
 House window  
 House door

Many SCAN Cats and kittens take time to settle into their new home. How would you cope with any unwanted behaviours they may display as they get to know you?

Where exactly will the SCAN cat sleep?

How long will the SCAN cat be alone in the home during a normal day?

What arrangements will be made for care of the SCAN cat when you go away on holiday?

SCAN strongly believes in **timely sterilisation** for the benefit of the animal and for control of the wider cat population. If your SCAN cat is unsterilised please confirm that you will have it sterilised as soon as it reaches sexual maturity:

- Yes
  No

Your SCAN cat may live for 15-20 years and will need ongoing anti-parasite treatment, booster vaccinations and, potentially, other veterinary care. Please confirm that you are prepared to take on this commitment:

- Yes
  No

I confirm that all information given in this questionnaire is a true and accurate reflection of my personal circumstances, home environment, ability and willingness to care for a SCAN cat

Name (*capital letters please*): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for completing this questionnaire. Your application for adoption will be reviewed by one of our team members and you will be contacted with our decision as soon as possible.

Adoption approved by: \_\_\_\_\_ Date approved: \_\_\_\_/\_\_\_\_/\_\_\_\_

SCAN cats to be adopted: \_\_\_\_\_

Estimated transport date: \_\_\_\_/\_\_\_\_/\_\_\_\_

