BACCHUS MARSH VETERINARY CENTRE
CAT ADOPTION APPLICATION FORM



Are you aged 18 (or over)? Yes ☐ No ☐

Please note you may be asked to provide valid photo identification

First Name: _____ Surname: _____

Address: _____

Contact No: (M) _____ (H or W) _____

Email: _____

Details of cat you are interested in (please circle/name): Adult Kitten _____

What is your living situation (own/rent/live with family)? _____

Has permission been obtained from landlord/family? Yes No

Have you owned a kitten/cat before? Yes No

Do you have other pets in the household? (please list) _____

Are they up to date with vaccinations/parasite control? Yes No

Do you have young children or elderly family members? _____

Will your cat be a companion for a family member with special needs/health issues? _____

Is anyone in your household allergic to pets? Yes No

How will your cat be housed? (please circle)

Indoors only Indoors with access to enclosed cat run

Indoors & outdoors Outdoors only Other

How many hours a day would your pet be home alone? _____

Please provide your regular veterinary clinic's name: _____

Should your cat have issues settling in or not be a suitable match for your home, do you agree to return your cat to the program? *adoption fee will be refunded

Signature: _____

By signing below you state that if your adoption is successful you are prepared for the financial and emotional responsibility of taking on a new pet (including annual vaccinations, parasite control, accidents and illness), and that should circumstances arise where you cannot care for your pet, that you will contact the Bacchus Marsh Veterinary Centre as a first point of call for advice/ support:

Signature: _____

OFFICE USE ONLY DATE OF SUBMISSION ___/___/___ TIME OF SUBMISSION ___: ___ AM/PM STAFF MEMBER _____

CONTACT: OUTCOME: