

Felines 1st Homing Enquiries Form

Date of application:		Address:	
Adopter:			
Home Phone:		Post code:	
Mobile:			
Cat(s) – Preferences for adoption: (Please mark choices with an X on the left)			
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Long hair <input type="checkbox"/> Short hair <input type="checkbox"/> Single <input type="checkbox"/> Pair Colour preference:		<input type="checkbox"/> Indoor only <input type="checkbox"/> Kitten <input type="checkbox"/> Mature Kitten <input type="checkbox"/> Young adult, <input type="checkbox"/> Adult <input type="checkbox"/> Mature adult <input type="checkbox"/> Farm cat (Feral)	
Accommodation: (Please mark selection with an X)		Ownership: (Please mark selection with an X)	
<input type="checkbox"/> House <input type="checkbox"/> Flat <input type="checkbox"/> Bungalow <input type="checkbox"/> Mobile home		<input type="checkbox"/> Owner occupied <input type="checkbox"/> Privately rented <input type="checkbox"/> Council rented <input type="checkbox"/> Housing trust <input type="checkbox"/> Other:	
Life- Work life and Children:			
Do you work? Full time/Part time/Currently unemployed? On average how long would the cat be left alone for? (in hours):		Are there children in the household? Yes/No Ages?	
Garden:			
<input type="checkbox"/> Own garden <input type="checkbox"/> Shared garden Is the garden secure? Yes/No If not, what improvements are needed?		<input type="checkbox"/> Outside access <input type="checkbox"/> Cat flap fitted <input type="checkbox"/> Willing to fit cat flap <input type="checkbox"/> Kept in at night <input type="checkbox"/> Indoor only	
Existing pets:			
<input type="checkbox"/> Have you owned a cat before? <input type="checkbox"/> Yes <input type="checkbox"/> No What happened to your previous cat?		<input type="checkbox"/> What pets are in the household? <input type="checkbox"/> No. of cats? <input type="checkbox"/> No. of dogs? <input type="checkbox"/> What other animals?	
<input type="checkbox"/> Existing cat(s): <input type="checkbox"/> Are they neutered? <input type="checkbox"/> They are not neutered?		<input type="checkbox"/> If not, please give reason?	
<input type="checkbox"/> Existing cats(s) are vaccinated? <input type="checkbox"/> They are not vaccinated?			
For Charity use:			

***Please note: If we do not receive a full home address (i.e. house number, street and full postcode) we will not be able to process your application.**