



OFFICE USE ONLY	
Cat's name: _____	Cat's ID number: _____
Date & Time of AC/branch visit: _____	Completed <input type="checkbox"/>
Date & Time of collection : _____	Completed <input type="checkbox"/>

Homefinder Questionnaire

Thank you for completing this questionnaire. The information you provide will help us to find the right cat for you so that you can both spend many happy years together.

Please complete the questionnaire in BLOCK CAPITALS, adding any information which you feel may be relevant. Please bring one of the following proof of address documents with you when you come to the Adoption Centre or Branch: credit card statement, council tax bill, utility bill, driving licence. If you require clarification on any points, please ask a staff member or volunteer. **Once the questionnaire has been completed, please read, sign and date Section 6.**

Title: _____ First name: _____ Surname: _____

Address: _____

Postcode: _____

Home tel: _____ Mobile No: _____

Email address: _____

Section One – About you

Who lives at the home where the cat will be living? No. of adults: _____ No. of children & ages: _____

Are there any children who visit regularly? Yes No Children's ages : _____

On an average day would your cat/kitten be left at home alone? Yes No If Yes, for how long? _____

Have you owned a cat/kitten before? Yes No

What attributes are you looking for in your new cat? Playful Lap cat Cat requiring extra patience

Independent Other, please specify _____

Do any members of your household have a known allergy to cats? Yes No

Is there any other information not already covered that you feel may be relevant?

Section two – About your house

Do you live in a: House/Bungalow Flat/Maisonette Other (please specify) _____

How many total rooms: _____

Do you: Own, rent* or other (please specify): _____

*(A letter of consent from your landlord or a copy of your tenancy agreement will need to be shown before the cat is released into your care)

Does your property have direct access to a garden? Yes No

Will the cat be allowed access to the outside? Yes No

How will your cat gain access to the outdoors? _____

Is the property: Urban Rural

Section Three – About other pets

Do you have any other animals already living in your house? Yes No

Cats: Number _____ Age(s) _____ If one cat, has it lived with cats before? Yes No

Please tick if these cats are: Neutered Vaccinated Microchipped

Dogs: Number _____ Age(s) _____ Breed(s) _____

Temperament(s) _____

Have they lived with cats before? Yes No

Other animals (please specify) _____

Section Four – Future plans

Are you likely to have any *major changes in your household over the next 4 – 6 weeks?

(* such as having a baby, change of working hours, building work, moving house, holiday) Yes No

If yes, please give details: _____

What arrangements would you make for a cat in your absence? _____

Section Five – How did you hear about us?

How did you hear about the Adoption Centre / branch? _____

Did you view the cats available for rehoming on our website prior to contacting us? Yes No

Would you like to receive details of subscription to The Cat the official supporter magazine of Cats Protection Yes No

Section Six – Data Protection

We will store your details for administration purposes in case a suitable match comes up but we will not keep them longer than necessary. If you adopt a cat, we will store this information with the cat's paperwork. Otherwise, your details will be destroyed after six months and if you still wish to adopt a cat after this time, you will need to complete a new questionnaire.

- **Just to make you aware, if anyone in the family has health problems such as allergies to animals or compromised immune systems it's worth talking to your doctor before taking on a cat.**
- **The information I have provided is accurate at the time of completion.**

Signature _____ Date _____

Forms given:

Medical summary

Advice given:

Introducing existing pets

Keeping in / Letting out

Location of litter tray, beds, food and water bowls, scratching post

Diet

Vaccination, flea & worming treatments

Neutering (if applicable)

Microchip & vet check

Insurance

Registering the cat with a vet

Leaflets given:

Caring for your cat

Welcome home

Feeding and obesity

Keeping your cat safe

Understanding your cat's behaviour

Cats living together (if more than one cat)

Others (please specify)

For Office Use Only:

Staff member volunteer: _____ Date: _____

Proof of address provided, (tick as appropriate): Credit card statement

Council tax bill

Utility bill

Driving licence

Letter of consent by landlord requested: Yes No

Google maps check: (date) _____

Comments: _____

Details of cat reserved

ID number: _____ Name: _____ Age: _____ Sex: _____

Colour: _____ Collection date: _____

Cat homed: Yes No

If No- Why: _____

Home visit carried out: Yes No

If Yes – why: _____
