



# Cat Adoption Expression of Interest Form

## The Nine Lives Project

Please return this application to [adoption@the9livesproject.org](mailto:adoption@the9livesproject.org)

Thank you for your interest in a rescue cat! Cats make the most wonderful family members. These questions are aimed at helping us to match you to the right feline friend. Our mission is ensuring that your adoption is a smooth and rewarding experience!

<b>Full name:</b>					
<b>Street Name:</b>					
<b>Suburb:</b>		<b>State:</b>		<b>Postcode:</b>	
<b>Email:</b>					
<b>Home Ph</b>		<b>Mobile:</b>			

<b>1. Are you over 18?</b> (If no, please ask your parent or guardian to complete this form).			
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>2. Are you a pensioner/health card holder?</b> (Some of our selected rescue pets are available to pensioners at a reduced adoption fee).			
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>3. Number of people living at premises</b>	<b>Ages if under 25</b>		
<b>4. Where do you live?</b>			
<input type="checkbox"/> House	<input type="checkbox"/> Townhouse	<input type="checkbox"/> Apartment/Unit	<input type="checkbox"/> Rural property
<b>5. Please provide details of your residency:</b>			
<input type="checkbox"/> Homeowner	<input type="checkbox"/> Rental	<input type="checkbox"/> House	<input type="checkbox"/> Other
<b>6. Will the cat have regular contact with children 5 years or under (e.g., own children, grandchildren, visiting children) or elderly people? If so, how often and under what circumstances?</b>			



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**7. Why do you want to adopt a cat?**

E.g. companion for yourself / friend for another pet / for a child?

**8. Do you have any medical conditions that might mean you'll require assistance at times with your adopted pet, for example, attending vet visits, etc?**

(Please understand your answer is confidential and this question is simply aimed at knowing how we can support you best as a valued adopter.)

**9. Do you currently have any pets?**

Please give breed, size, sex, age, whether your pets are de-sexed, registered and have been vaccinated in the last 12 months.

**10. Please describe your current pet(s) temperament and activity level.**

**11. Where do your current pet(s) sleep?**

**12. Where will your new cat sleep?**

E.g. Patio, Inside, Living room, Bedroom, Laundry?

**13. Which areas of the house/yard will the cat have access to?**

E.g. House / Garden / Cat run?



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<b>14. When will the cat be allowed outside?</b> E.g. Never; In evening; When somebody home; All the time?	
<b>15. Have you had any pets in the past? What happened to them? Have you ever taken an animal to a shelter or surrendered it to another rescue?</b> (Please attach a separate sheet if you wish.)	
<b>16. How many hours a day will the cat be without human company?</b>	
<b>17. Under what circumstance would you give up this pet?</b> E.g. family illness, shedding, allergic to new cat, destructive chewing, biting, growling, moving to a new house, spraying, lack of housetraining, high-cost vet bills?	
<b>18. If you are renting, do you have permission from your landlord or real estate agent that a cat is permitted?</b>	
<b>19. Do you consent to a house check at your property should the adoption proceed?</b> (Just to make sure blinds, fly screens, etc. are secure).	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>20. Emergency Contact</b> (required for adoption agreement should the application proceed)	
<b>Name:</b>	<b>Phone:</b>
<b>Email:</b>	



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**21. Is there anything else you would like to tell us about you, your family or your interest in adopting a cat?** The more information you provide, the better we will be able to determine suitability of your chosen cat(s).

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- We appreciate you taking the time to complete this Expression of Interest, your responses are treated as strictly confidential and will help us match you with the right feline friend.
- We will require the successful applicant to sign an adoption agreement and allow a house check before adoption.
- We reserve the right to refuse any applicant due to suitability.
- By signing this application, you acknowledge that you have completed it truthfully.

**We do from time to time, we like to contact our adopters for an update, please tick this box if you do not wish to be contacted**

<b>Signature:</b>		<b>Date:</b>	
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Please return this form to [adoption@the9livesproject.org](mailto:adoption@the9livesproject.org) or post to:

The 9 Lives Project  
P.O. Box 2783,  
Cheltenham, VIC 3192