



Adoption Application Form

CAT/KITTEN ADOPTION QUESTIONNAIRE

Animal Number:	
Foster Name:	
Colour:	
Sex:	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>

Our aim is to adopt each cat to a suitable owner. In order to achieve this we require you to complete all details on this form and give us as much information as possible.

Your Name:

Your Address:

Your Phone Number:

Email:

1 . Please select one of the following.

Do you:

Own your own home?

☐

Live with family?

☐

Live in rented accommodation?

☐

If yes, do you have your landlord's permission?

☐

Name of landlord or rental agency

Contact:

2. What is your New Zealand residency status?

NZ Citizen ☐
Permanent Resident ☐
Other ☐

Please state

3. Number of adults living at home

4. Number of children living at home

5. Ages of children

6. Is a new baby expected in your family?

Yes ☐ No ☐

7. Do you have any other pets at home?

If yes, please list below:

SPECIES	BREED	AGE	SEX	DESEXED
			M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

8. Have your existing animals been vaccinated?

Yes ☐ No ☐ N/A ☐

If yes, when?

9. Do you know why, and how often, cats need to be vaccinated,
wormed and treated for fleas?

Yes ☐ No ☐

10. Do you know where a veterinary clinic is located in your area?

Yes ☐ No ☐

11. Do you or anyone in your household suffer from any animal
related allergies?

Yes ☐ No ☐

12. On a typical work day how long might your cat be home alone?

13. Please state how your cat will be contained when you are absent from the Property.

14. Please state how your cat will be cared for if you are absent from the property for an extended period.

15. Whilst your cat is settling in, there may be a few teething problems (e.g: inappropriate toileting or not getting on with other pets), how would you respond to these problems?

16. If you unexpectedly had to move house, what would you do with your cat?

17. Are you aware of the responsibilities & costs of owning a cat?

Cats can live for up to 15 years. You need to be prepared for a life time commitment.

Yes ☐ No ☐

18. Have you adopted an animal from SAAR before?

Yes ☐ No ☐

If yes, when?

What happened to it?

19. What is the main reason for you adopting a cat at this time?

Gift for family or friend ☐

Family pet ☐

Companionship ☐

Pest control purposes ☐

Other ☐

Please state:

Comments

Please be advised that in adopting an animal from SAAR, you will accept a visit from any SAAR inspector at any reasonable time to ensure the well-being of the animal and that, if on inspection SAAR is satisfied that any claims you have made herein are untrue or that the conditions to which you have agreed are not being met, SAAR has the right to remove the animal from your care without recourse and that in that event SAAR will not be held responsible for any payment you have made, or any costs which may have been incurred on behalf of the animal.

We appreciate your taking the time to complete this questionnaire. We reserve the right to decline any application at our discretion and to request ID. You MUST be over the age of 18 years to adopt a cat. Please sign below to indicate your understanding of this.

Signed: _____ Date: _____



Cat Adoption Form

Animal Number	Date / /
SAAR placement officer	

DETAILS OF ADOPTED CAT		
Breed:	Name:	Estimate Age:
Micro-chip number:	Colour and markings:	Male <input type="checkbox"/> Female <input type="checkbox"/>
N/A <input type="checkbox"/>		
Comments		

CONDITIONS OF ANIMAL ADOPTION
<p>I agree to the following:</p> <ol style="list-style-type: none">1. I accept full responsibility for the animal I have chosen to adopt, and for its welfare.2. I understand that, while SAAR has taken steps to ensure the general good health of the animal, it does not accept any liability for any costs associated with the animal, howsoever arising and regardless of whether the circumstances giving rise to such cost arose before or after adoption. Further, I shall have no claim against SAAR if I suffer any loss arising from a third party asserting to or having better title to the animal.3. Without limiting 2 above, if within 14 days from the date of adoption, the animal suffers a medical problem as a result of a condition or circumstances that existed or developing at the time of adoption, I may claim for related veterinary costs to a maximum value of \$50.00, by contacting SAAR.4. I will abide by all relevant laws of New Zealand, including the Animal Welfare Act 1 999. In particular I understand that I must provide the animal with proper and sufficient food, water, shelter and veterinary treatment and that I commit an offence if I do not do so. I will ensure all details for the animal on the microchip database remain current (if applicable).5. I will accept visits from a SAAR Inspector at any reasonable time to ensure the well-being of the animal. I understand that, in accordance with the Animal Welfare Act 1 999, SAAR has the right to remove the animal from my care where it is not being adequately cared for.6. If I need to rehome the animal I shall contact SAAR, and ensure this is done with due diligence, care and skill to ensure the best outcome for the animal. <p>Adoption Fee \$ _____</p> <p><input type="checkbox"/></p> <p>NAME: _____ WITNESS (SAAR): _____</p> <p>SIGNATURE: _____ DATE: _____</p>