



Expression of Interest Form – Cat Adoption

Please Note

This expression of interest form is not an adoption agreement and does not guarantee adoption of any cat at the Animal Care Facility. The information you are providing will be used by Animal Care Facility staff to assist in the adoption process. This form must be completed before organising a meet and greet with an animal at the Animal Care Facility.

Impound No:	Cat Condo No:
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Personal Details

Name:	Phone:
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Address:

<input type="checkbox"/> I confirm I am over 18 years old (proof of age required)	<input type="checkbox"/> I confirm I am an Australian Citizen / permanent resident
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<input type="checkbox"/> I own my property	<input type="checkbox"/> I rent with landlord / strata approval to have pets
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Do you or anyone living with you have allergies to any animals?	<input type="checkbox"/> No <input type="checkbox"/> Yes - specify symptoms:
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Have you owned a cat before?	<input type="checkbox"/> No <input type="checkbox"/> Yes – provide details:
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Have you ever had to surrender or rehome a pet?	<input type="checkbox"/> No <input type="checkbox"/> Yes - provide details:
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Living Arrangements

Please advise of the number of people and animals currently residing in your household:

Adults:	Children:	Age of the children:
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Dogs:	Cats:	Other:
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The cat will be living:	<input type="checkbox"/> Indoors only	<input type="checkbox"/> Indoor with supervised access
	<input type="checkbox"/> Both indoors and outdoors: _____	
	<input type="checkbox"/> Outdoors only: _____	

What best describes your household?	<input type="checkbox"/> Busy and loud	<input type="checkbox"/> Calm and quiet
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Cat Details

What age cat are you interested in adopting (tick all that applies):

<input type="checkbox"/> Kitten (under 6 months)	<input type="checkbox"/> Young Adult (6 months – 2 years)
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<input type="checkbox"/> Adult (3-6 years)	<input type="checkbox"/> Mature Adult / Senior (7 + years)
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What temperament are you looking for in a cat? (tick all that applies)

Confidence:	<input type="checkbox"/> Shy	<input type="checkbox"/> Mostly comfortable	<input type="checkbox"/> Confident
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Energy Level:	<input type="checkbox"/> Low	<input type="checkbox"/> Playful	<input type="checkbox"/> Lively and active
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Sociability:	<input type="checkbox"/> Independent	<input type="checkbox"/> Agreeable	<input type="checkbox"/> Affectionate
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Do you have any behavioural expectations of your cat:

<input type="checkbox"/> No <input type="checkbox"/> Yes – provide details: _____

Any further information you would like to let us know about?

Name:	Signature:	Date:
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How to lodge this form to us

Please email your completed form for consideration to ACF.Email@campbelltown.nsw.gov.au

If you have any questions, please contact the Animal Care Facility on 4645 4790.