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|  |  **PERFECT MATCH****APPLICATION TO FOSTER** **A Cat or kitten**  |

St Giles Animal Welfare Ltd Non- for - profit based at St Giles Animal Centre, Wrantage, Taunton. TA3 6DJ Tel: 01823 490333-www.stgilesanimaladoption.co.uk – email: adoption@sgaw.co.uk

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| **If you want to adopt or foster a cat or kitten from St Giles Welfare we need to get some details from you so we can find the perfect animal for you. Please answer honestly so we find the right match.** |
| **Your Details** Title, first name & surname ……………………………………………………………………………………………………………………………………………………………………… Address……………………………………………………………………………………………………………………….……………………………………………………………………………. …………………………………………………………………………………………………………………………………………………….. Post code ……………………………………….. Email: ……………………………………………………………………………………………………………. Tel: …………………………………………………………………………….  |

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| **Where did you hear about us?** 🞏 Advertisement 🞏 Website 🞏 Face book 🞏 Already aware of us 🞏 Referred by another establishment 🞏 Just passing 🞏 Word of mouth 🞏 Other (please state): …………………………………………………………………………………………………………………………. **Are you interested in 🞏 Fostering or 🞏 Adopting?** Single cat: 🞏 Pair of cats: 🞏 Either: 🞏 Age of Cat: 🞏 Kitten 🞏 Less than 2 yrs. 🞏 2 – 5 yrs. 🞏 5 – 8 yrs. 🞏 8 yrs. 🞏 Any age Gender of Cat: 🞏 Male 🞏 Female 🞏 Either Have you see a cat/kitten on our website/face book that you are interested in? Name of cat: ……………………………………………… **Information about your home** Do you: 🞏 Own your home 🞏 Rent (if you rent, have you got written permission from your landlord 🞏 Yes 🞏 NoIf no you will need to provide proof before any adoption can take place.Do you have a garden: 🞏 Yes 🞏 No 🞏 Communal What provision do you have for allowing the cat outside? (eg: cat flap, open window, letting out the door): ......................... **Information about your family** Who lives at home: …………...…. Adults - Ages 16 – 25 🞏 25 – 45 🞏 45 – 60 🞏 60 – 75 🞏 75 plus 🞏 Children – Ages ………………………………………………………children visiting: 🞏 Yes 🞏 No If yes, ages: …………………..…..…………… Frequency of visits: 🞏 Daily 🞏 Weekly 🞏 Monthly 🞏 Annually Do you own any other cats: 🞏 Yes 🞏 No If yes, state gender and age …………………………………………………………………………How long they have been in your care? ……………………………………………………………………………………………………………………………..Are they neutered: 🞏 Yes 🞏 No Have they been vaccinated within the last year: 🞏 Yes 🞏 No Do you own any other pets: 🞏 Yes 🞏 No If yes please state what and age: ………………………………………………………………… Do you have any visiting animals (eg: family or friends cats & dogs): Yes No If yes, please give details: ..................... .............................................................................................................................................................................................…… **Information about your lifestyle** How long do you expect to leave the cat alone on a regular basis: ..........………........... hoursIs this: 🞏 Day time 🞏 Evening 🞏 Night time How often:………………………………………………………………………….. Are you planning any of the following: 🞏 Moving house 🞏 Holiday in the next few weeks **Your ideal Cat would:**

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|  | **Very** | **Quite** | **Not** |   |  **Very**  |  **Quite** |  **Not** |
|   | **Important** | **Important** | **Important** |  | **Important** | **Important** | **Important** |
| Be good with dogs | 🞏 | 🞏 | 🞏 |  |  |  |  |
| Be good with other cats | 🞏 | 🞏 | 🞏 | Enjoy playing with toys  | 🞏 | 🞏 | 🞏 |
| Be litter trained | 🞏 | 🞏 | 🞏 | Be an indoor cat only | 🞏 | 🞏 | 🞏 |
| Be comfortable  |  |  |  | Enjoy being picked  |  |  |  |
| Around children | 🞏 | 🞏 | 🞏 | up / petted  | 🞏 | 🞏 | 🞏 |
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**Your experience:**I am a first-time cat owner/fosterer: 🞏 Yes 🞏 NoI live near a busy road or railway line so need a cat with road sense: 🞏 Yes 🞏 No Signature:.......................................................................................................... Date:.................................................................. |

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| **Whilst every care is taken to find the right cat for you, we cannot guarantee behaviour**. |

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| **Your Home** How long have you been resident at your current address: ......................................................................................................... **Your Family & Pets**Name and area of the Veterinary Practice you use/last used: ……………………………………………..………………………………………………….. ................................................................................................................................................................................................ Please sign to authorise us to contact your vet:.............................................................................. Date:…………………..……... Are you prepared and in a financial position to seek veterinary advice on routine vaccinations, worming, flea control and to cover those unexpected costs regarding your new pet’s health: 🞏Yes 🞏 No I am unfamiliar with these costs **Identification & Proof of Current Address** At adoption, St Giles Animal welfare will require you to show official proof of ID and current address Please indicate which form you are able to provide: 🞏 Driving licence with photo 🞏 Current passport 🞏 Other (please state): .....................................................................................................................................................................  |

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| **You have chosen to take the next step in the process of giving a new home to one or more of our animals. The following questions are specifically aimed to provide more information to further help St Giles Animal Rescue staff and volunteers with the ‘Perfect Match’ process and will be given to the Home Visitor to assist with your application**. |

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| All personal information supplied by you on this application form will be processed by St Giles Animal Welfare Ltd, whose privacy policy is available on request. This applies whether the information is supplied directly to St Giles Animal Welfare Ltd as data controller or shared by us as a joint data controller with other animal welfare charities. |

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| 🞏 I agree to the Data Protection Act 2018 and I am happy for St Giles Animal Centre to hold my data: Signature:…………………………………. |

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