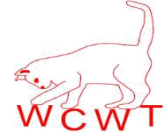


Registered  
Charity  
1049596

Worthing Cat Welfare Trust  
141 Downside Avenue, Worthing BN14 0EY  
adoption@worthingcatwelfaretrust.org  
Tel: 07354 442937



## Adoption / Fostering Application

Are you interested in: **Adoption** **Fostering**

Have you seen a cat/kitten that you are interested in? Y N Name:

Please tell us how you heard about us: Website Facebook Search Engine  
Instagram Twitter Word of Mouth  
Other

### Your Details

Title: First Name: Surname:  
Address: Post Code:  
Phone/Mobile: Email:  
I am happy to be contacted by: Telephone Text Post Email

### Your Home

Do you own your home? Y N If Not, have you written permission from your landlord? Y N  
Do you live near a busy road or railway line? Y N  
House Bungalow Maisonette Flat If a flat, please state which floor:  
Garden? Y N Cat Flap? Y N Would you be willing to have a Litter Tray? Y N  
Number of adults: Number of children: Children's Ages:  
Any visiting children? Y N If Yes, what ages:

### Other Pets

Do you have other cats? Y N If Yes, how many? Gender: Age:  
Have they been neutered? Y N Vaccinated in the last 12 months? Y N  
Their character: Playful Y Calm Y Shy Y Territorial Y  
Do you have any other pets? If Yes, please specify:



## Your Lifestyle

Occupation Status: Employed      Self-Employed      Unemployed      Studying      Retired

How many hours per day do you expect to leave the cat alone?

Will you keep the cat inside overnight? Y      N

Who will look after the cat if you go away?

Are you planning to move home in the next 6 months? Y      N

Are you planning to go on holiday in the next 3 months? Y      N

Are you expecting any major change of circumstances in your life in the next months (e.g. new baby coming, change in working patterns)? Y      N

If Yes, please specify:

We find it quite useful to know the (approximate) age of adoption applicants:

## Your Preferences

How would you like your cat to be?

Must be comfortable around children: Y      N

Must be comfortable with being petted / picked up: Y      N      I don't mind

Must be good with other cats: Y      N      Must be good with dogs: Y      N

## Your Experience

Have you had cats before? Y      N

If Yes, tell us about your experience with cats:

**Your Name:**

**Date:**

By 'signing' and dating this form, you confirm that all the information is true and accurate and realise that no adoption or fostering of cats is possible without a visit to your home by a Worthing Cat Welfare Trust colleague.