



# CAT REHOMING AGREEMENT



PLEASE COMPLETE IN BLOCK CAPITALS

## Section A Personal Details:

Name: \_\_\_\_\_ Mobile

Address: \_\_\_\_\_ Home

\_\_\_\_\_ Email

\_\_\_\_\_ Applicants Occupation \_\_\_\_\_

## Section B Animal History:

Have you previously applied for a cat with the LSPCA? Yes  No

If 'YES' Please give brief details \_\_\_\_\_

Have you previously owned a cat? Yes  No  Details \_\_\_\_\_

Have you any other pets? Yes  No  Details \_\_\_\_\_

## Section C Information on cat:

Name of Cat:

1st Vaccination:

2nd Vaccination:

Treated for Worms & Fleas:

Microchip Number:

Cat Spayed/Neutered:

## Section D Declaration:

Please note that a minimum donation of €30 is required towards the medical expenses incurred by the LSPCA when adopting a cat/kitten in the Society's care.

I, \_\_\_\_\_ agree to adopt the above cat/kitten from the LSPCA. I have been given full medical and temperament information on the cat to the best of the LSPCA's knowledge. I agree to return the cat to the LSPCA if the rehoming proves to be unsuccessful. The cat will receive the proper food, shelter and caring, humane treatment from myself and other family members and will not be left alone for extended periods of time. When I assume ownership, at my expense, the cat will receive annual vaccinations according to the veterinary schedule and will be treated immediately for any injuries or illness that occur.

Signature  Date  /  /

LSPCA Signature  Date  /  /

Donation Received Yes  No

LSPCA Notes: \_\_\_\_\_