



CAMPASPE AND RIVER MURRAY ANIMAL REHOMING INC

249 High Street

ECHUCA VIC 3564

PH: 0447727439

carmarechuca@yahoo.com

ABN: 1966 540 9543

INC: A0097781B

www.carmar.net.au

PETRESCUE ID: 11372

CAT EXPRESSION OF INTEREST

Animal Name: _____

Pet Rescue Id: _____

Name of Applicant: _____

Name of Partner or Significant Other: _____

How long have you been in this relationship: _____

Which Age Group do you belong to? (circle) 18-30 31-45 46-60 61-75 76+

Name and Ages of Children (If any): _____

Address: _____

Phone: _____ Mobile: _____

Email Address: _____

Do you live in a :

House _____ Apartment _____ Unit _____ Farm _____ Country Property _____

Mobile Home _____ Other _____

Do you Own _____ Rent _____ Board _____

If you do not own the home the pet will be living in. have you attached written permission from the property owner? Yes _____ No _____

Where will the cat be when it is home alone? _____

Where will the cat sleep at night? _____

Do you have a secure cat enclosure? _____

If no what living arrangements will you have for your cat? _____

Do you have cat flaps for your cat? _____

What percentage of the time will the cat be indoors? _____

To protect the environment it is important cats be securely inside at night will you so this? _____

What other pets do you have?

Species: _____ Breed: _____ Gender: _____ Desexed: _____

Species: _____ Breed: _____ Gender: _____ Desexed: _____

Species: _____ Breed: _____ Gender: _____ Desexed: _____

Species: _____ Breed: _____ Gender: _____ Desexed: _____

Species: _____ Breed: _____ Gender: _____ Desexed: _____

What pets have you had in the past (either individually or as a couple)?

Have you sold a pet, given it away, or surrendered to a shelter or rescue group? (if so please provide details)

Who will be the primary carer of the cat? _____

What are the reasons for adding a cat to your family?

How long have you been looking for a cat? _____

Please give three reasons why you feel this particular cat will be a good match for your family and lifestyle?

1. _____

2. _____

3. _____

Do you have the financial means to care for your pet in the event of a medical emergency: Y or N

Do you have a current vet you regularly use? Please provide details below:

Name: _____ Ph No: _____

Please provide the details of two personal references:

Name: _____ Ph No: _____

Relationship: _____

Name: _____ Ph No: _____

Relationship: _____

Name: _____

Signature: _____

Date: _____