

Cat/Kitten Application

SCITUATE ANIMAL SHELTER PO Box 823 Scituate, MA 02066 781-545-8703	<i>For Shelter Use Only</i> Adoption counselor: _____ Application status: _____ References checked: _____ Date of approval / denial: _____
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Please provide the following information in order to assist us in determining whether there is a good match between you and the cat you have selected. There are no right or wrong answers to these questions. They are designed to help us accomplish our primary goal of placing the cat in the best possible matching home.

Name: _____ Spouse/Partner/Roommate: _____
Address: _____ Town: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Age: Over 21? Yes No If no, what age are you? _____ Email Address: _____

Which cat are you interested in adopting:
Name of cat/kitten that you want to adopt: _____ Breed: _____
Have you owned cats before: Yes No Where did you get your last cat from? _____
Who is this pet for: _____ Is this pet being given as a gift? Yes No
Explain briefly why you want this cat (i.e. mouser, gift, family pet etc): _____

Please provide the following information with respect to your home:

Do you live in a Single Family House Multi family house Apt. Condo/Duplex
 Mobile Home Public Housing With parents Student residence Other
How long have you lived at this address: _____
Do you own rent
If you rent, please list name and number for your landlord: _____

If you rent, have you obtained permission to have this pet prior to coming here? Yes No

Are you planning a move anytime soon? Yes No How many times have you moved in the past 5 years? _____

How many people live in your home: Adults _____ Children _____ Children's ages: _____

Does anyone in your home have allergies: Yes No

Are the other members of your home aware of and in favor of you adopting this pet? Yes No

Please tell us about your plans for the cat:

Who will have primary responsibility for the cat's day-to-day care (feeding, grooming, litter box cleaning, etc.): _____

Who will have the primary financial responsibility for the cat (veterinary care, food, etc.): _____

If the cat you've chosen is too young to be sterilized, do you agree to sterilize it after adoption? Yes No

Do you agree to assume financial responsibility for the surgery - it may cost as much as \$300? Yes No

You agree that if you do not sterilize the animal, SAS has the right to reclaim the animal? Yes No

Please describe the activity level of your home: _____

How will your new cat spend its days? (check a box for everything which applies)
 Indoors Outdoors Garage Porch Yard Basement Other (specify) _____

How will your new cat spend its nights? (check a box for everything which applies)
 Indoors Outdoors Kitchen Basement Garage Your bedroom Other (specify) _____

On average, how many hours each day will the cat be alone: _____

Have you ever had a Cat Declawed? Yes No Would you like to have this cat Declawed? Yes No

Do you travel frequently? Yes No If yes, what are your plans for caring for the cat while you are away? _____

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How long a period are you willing to allow for the cat to adjust to your home: _____

If you could not keep this pet for any reason, what would you do? _____

Would you allow a Scituate Animal Shelter representative to do a home check? Yes No

Cats can live 15 to 20 years, are you prepared to take responsibility for the pet's entire life? (Please consider issues such as moving, children, planning to have children, teenagers off to college?) Yes No

You may have to separate new pets from existing ones in order to introduce them in a gradual manner. Can this be done at your home? Yes No Do you need Advice / Tips on how to do this? Yes No

Have you ever adopted a pet from the Scituate Animal Shelter before? Yes No

If yes, please tell us under what name you adopted and whether you still have the pet. _____

Have you ever brought a pet to a shelter? Yes No If yes, please explain the circumstances:

Since many shelter animals have unknown medical histories, are you prepared to provide and pay for any necessary medical treatment that may occur in the future? Yes No

Please tell us about each of the pets you currently have:

Type <i>(cat/dog /other)</i>	Breed	Neutered <i>Yes/No</i>	Kept where <i>House/yard/garage basement/shed/barn</i>	Length of Ownership	Age	Personality <i>(high energy/mellow dominant/timid)</i>
1. _____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____	_____

(please add additional sheets if you need more room)

Other than the pets you have now, please tell us about any pets you have had within the last 10 years:

Type <i>(cat/dog/other)</i>	Breed	Length of Ownership	What happened to the pet
1. _____	_____	_____	_____
2. _____	_____	_____	_____

(please add additional sheets if you need more room)

Please tell us how to contact your veterinarian for a reference:

Name: _____ Phone: _____ What Name is the pet listed under _____

Please provide your employment information & personal references below:

Employer's name _____ Length of Time at this position _____

Employer's phone #: _____ ** Please note, we do not ask any personal information of your employer and only need to know that you can financially support owning an animal.**

Name of personal reference: _____ Tel: _____

Relationship to you: _____

I understand the above questions and authorize investigation of all statements contained in this application. I give the Scituate Animal Shelter permission to contact my references, veterinarian, and/or landlord to verify said statements. I understand that misrepresentation or omission of facts called for is cause for denial of adoption. [Further, by signing below I hereby acknowledge that I have read the terms of the Adoption Agreement set forth on the last page of this form and agree to be bound by all such terms in the event that this application is approved by Scituate Animal Shelter.]

Signature _____

Date _____