** ADOPTION APPLICATION**

**COMMUNITY CAT CONNECTION, INC**.

289 Thompson Rd, Webster, MA 01570

508-949-0779

[www.ccatconnect.org](http://www.ccatconnect.org)

info@ccatconnect.org

Date of Application: \_\_\_\_\_\_\_\_\_\_

Cat name & #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To be filled out by CCC

Cat name & #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fee: $50\_\_\_\_\_\_ $75\_\_\_\_\_\_ $100 \_\_\_\_\_$175 \_\_\_\_\_\_ $300 \_\_\_\_\_ Other\_\_ \_\_\_\_

Deposit $ \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ Receipt #\_\_\_\_\_\_

Paid in Full $ \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Over 21? \_\_\_\_\_\_\_\_\_\_\_

Street/PO Box: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you own your own home? \_\_\_\_\_\_

 Do you Rent? \_\_\_\_\_ \* If so, Please provide a copy of lease or a **notarized** *Renter’s Agreement Form* showing landlord’s permission for cat(s) living in rental property.

Do you live with relatives? \_\_\_\_\_ If so, Please provide the name and phone number of the Head of Household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any cats in your home now? \_\_\_\_\_\_\_\_\_\_ How many?\_\_\_\_\_\_\_\_\_\_\_

Are they Spayed/Neutered?\_\_\_\_\_ Up to date with Vaccinations?\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever surrendered or rehomed a cat?\_\_\_\_\_\_\_\_ If so why? \_\_\_\_\_\_\_\_\_\_\_

Do you let your cats outside?\_\_\_\_ Do you plan to let your new cat(s) outside? \_\_\_\_

Have you ever declawed your cats?\_\_\_\_ Do you plan to declaw your new cat(s)?\_\_\_\_\_

Do you have children? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you live with anyone else? \_\_\_\_\_\_\_ Who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any dogs? \_\_\_\_ Breeds: \_\_\_\_\_\_ Have your dog(s) lived with cats before? \_\_\_\_\_\_\_

Is any member of the household allergic to cats? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many hours in the day would your cat be alone? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much are you willing to spend *per month* on supplies for your cat? (food, litter, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much are you willing to spend *per year* on veterinary care? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain the activity level in your home (calm, busy, chaotic, quiet, etc):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What will you do with your cat(s) if you move from your current home?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you find out about the Community Cat Connection?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERENCES**

Please fill out this section as completely as possible. We want to get your new cat home as quickly as possible and missing information could hold up processing this application.

Employment Information:

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you worked here?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your work hours? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterinarian Information:

Name of Vet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*Please call your Veterinarian and inform them we will be contacting them. Many Veterinarians will not speak with us without your permission.**

Personal Reference (not a family member):

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

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OUR POLICY**

Our adoption fee covers neuter/spay, combo test for Leukemia and FIV, rabies shot, veterinary exam, distemper shots, deworming, testing, and surgeries that may have been needed.

We require a promise of sufficient shelter, food, and water for the life of your new cat. You agree to provide comfort and love to ensure that the cat will thrive and lead a happy life to the best of your ability.

**All of our cats cannot be declawed** for their health and safety unless they were adopted out as such.

We **strongly recommend** that you keep your cat **indoors** for the following reasons:

* **Auto accidents are a leading cause of death for cats let outside**
* **Outside cats are injured or killed by predators (**such as Dogs, Foxes, Coyotes, Fisher Cats etc.)
* **Cats outside are exposed to viruses and illnesses such as Distemper, Rabies and Upper Respiratory Illness (especially if the cat is not protected through routine vaccination)**
* **Outdoor cats frequently pick up parasites such as fleas, ticks, worms and internal parasite from consuming prey**
* **Cat fights can cause injury or life debilitating illness in cats let outdoors**
* **Poisoning (such as antifreeze, rodent poison etc.) is a common danger to outdoor cats**
* **Someone may assume your cat is stray and keep it or bring it to a shelter**
* **There is an increased financial cost for vet care for illness and preventative medication with outdoor cats**
* **Once a cat is outside, they are beyond your control. The best protection for your cat is to keep them indoors. We receive countless “lost or missing cat” notices due to cats being outdoors.**

In adopting you agree to accept full responsibility of medical care and costs of your new adopted cat(s).

The CCC will provide, to the best of our knowledge, any background information we have available such as : where they came from, how they came to us, and what their medical history has been since coming to the shelter etc..

The CCC will disclose all medical information we have available to us pertaining to the cat(s) you are adopting. To the best of our knowledge, our cats are healthy at the time of adoption, There is a possibility of medical conditions which have not been detected by veterinary care through routine testing or physical exams to date. I hereby state that I will take full responsibility for all costs for medical conditions that occur after physically taking the cat from the Community Cat Connection. **You adopt with the understanding the cat(s) you are taking home will receive appropriate medical care for their entire life.**

In order to ensure our cats are a great fit with you in your home, we have a one month trial period. **Your adoption comes with a** **thirty (30) day return, less a $50 fee for a retesting of a combo test once the cat(s) is returned to the Community Cat Connection.** If the adoption is not a good fit with its new home, you can return the cat within thirty (30) days of adoption. **I will be receiving a full refund less $50 fee for a retesting of a combo test once returned to the Community Cat Connection.** The Community Cat Connection reserves the right to approve or deny a request to exchange the cat for a different one and will be determined on a case-to-case basis.

If you can no longer keep your cat(s) for any reason, regardless of how long ago you adopted from the Community Cat Connection, you promise to return him/her/them back to us. You can contact us online or by phone to make such an arrangement.

The Community Cat Connection reserves the right to deny any application for any reason other than mandated federal and state laws.

I, by signing below, state that I have read and agreed to the adoption policies of the Community Cat Connection.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner/Adopter Community Cat Connection Representative

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CAT TO BE ADOPTED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VIRUS AGREEMENT FORM**

 Although the Community Cat Connection adopts our cats out on the basis of them being healthy, there are medical conditions which cannot be detected through testing until there has been an outbreak. By signing this form, I hereby acknowledge that I understand my adopted cat’s medical fees will only be covered by the Community Cat Connection until he/she is neutered/spayed. After that, I hereby state that I take full responsibility and will pay any costs for any viruses or medical conditions which occur after the neuter/spay date.

 By signing this form, I hereby understand that it is vital to make sure any other cat I bring into my home is up to date on his/her vaccinations and that I must ask my veterinarian if the calicivirus prevention is included in the distemper vaccinations.

 I hereby acknowledge that the Community Cat Connection is not responsible for any medical care or compensation in the event that one of my other cats does develop or catch a virus after this date, and that I will pay for all medical costs if my adopted cats(s) or other cats have an outbreak of or catch any virus.

 By signing this form I acknowledge I have inquired about any past medical or behavior problems that may pertain to the cat I am adopting.

 SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Community Cat Connection

289 Thompson Road

Webster, MA 01570

**RENTERS APPLICATION**

CAT NAME & #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TENANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO BE FILLED OUT, SIGNED *AND NOTARIZED* BY THE LANDLORD**

LANDLORD NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby confirm the above named person(s) is/are my tenant and that I approve the keeping of the cat(s) to be adopted form the Community Cat Connection at the above tenant’s address I own.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LANDLORD DATE

Commonwealth of Massachusetts

 On this \_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_, before me, the undersigned Notary Public, personally accepted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, proved to me through satisfactory evidence of identification, which was \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to be the person who signed the preceding document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her knowledge and belief.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Notary Public

 My commission expires: