

PROJECT SPAY INC.

Please, Help Us Help  Our Rescues. Together, We Can Make A Difference!

Feline Adoption Application

Non-Profit Feral Trap, Neuter, Return & Adoption

P. O. Box 445 Swansea, MA 02777

Donna Arruda or Pat Lema

Send Application to: projectspayrescue@gmail.com

The purpose of this application is to insure a good match between perspective cat owners and the desired cat(s). We want **You** and your **New Cat** to be **HAPPY** in your home. Please feel free to provide any additional information to help facilitate the adoption process.

APPLICANT INFORMATION:

DATE: _____

FULL NAME(s): _____ Spouse/Partner/Roommate: _____

DATE OF BIRTH OF BOTH APPLICANTS LISTED : _____

ADDRESS: _____

CITY: _____ STATE and ZIP CODE: _____

HOME PHONE: ____ - ____ - ____ CELL PHONE: ____ - ____ - ____

Email Address: _____

Employer & Address: _____

Work Phone: ____ - ____ - ____ ext.: _____

DO YOU LIVE IN: (Please Circle or Highlight One)

Single Family House Multi Family House Apartment Condo Trailer

DO YOU: OWN OR RENT _____

RENTERS, Provide a copy of your Lease or Landlord's written Permission. Landlord Name, Address & Phone: _____

How long have you lived at your current address? _____

If less than 2 years please provide previous address _____

Are you planning a housing change in the next 12 months? Please specify: _____

HOUSEHOLD INFORMATION:

How many Adults in the house? _____ How many Children? _____ Gender and Age of Children? _____

Is any household member handicapped, disabled, or Special Needs? _____

Is any household member allergic to cats? _____

Do you currently have any pets? **N Y** please specify name, breed, gender, age: _____

Are shots up to date? **Y N** Are pets neutered/spayed? **Y N**

WHY DO YOU WANT TO ADOPT A CAT(S)?

How did you hear about us? _____
Have you ever adopted a pet before? **N** **Y** If Yes please specify Pet(s), Where and When

How long have you been looking and where? _____
Is this cat for you or a gift for someone else? _____

FELINE ADOPTEE:

Cat's Name: _____

WHAT ARE YOUR PREFERENCES? Please Circle your Choices

GENDER: Male Female No Preference

Breeds: _____

Age Range: _____ **Color:** _____

Hair Length: Short Medium or Long

Personality Traits: Please check all that apply

____ Good with other cats

____ Good with Children

____ Okay being only Cat

____ Good with Dogs

____ Indoor Cat

____ Free-roaming Outdoor Cat

____ Outside under supervision Other _____

Would you consider adopting a **Cat with Special Needs** (FIV, FELV, Diabetic, Senior, Etc.)? _____
If Yes Please ask for additional information

Past Pet History:

What Types: Name, Breed, and Gender. What happened, if deceased how and age?

Have You ever had to find a home for any previous pets? Please explain the circumstances

VETERINARY REFERENCES (2): Name, Address & Phone#

#1: _____

#2: _____

PERSONAL REFERENCES (2): Name and Phone# Who have knowledge of you and pets

#1: _____

#2: _____

Caring for your New Cat

The average cost for pet care in Massachusetts is at least \$800 annually, not including emergency medical care. Regular veterinary care includes annual exams, dental checkups, shots, etc. Quality cat food, good cat litter, etc. and other routine expenses.

Are You ready to care for your new cat that can live up to 20 years? _____

Would You like some helpful advice to help ease your new friend into your world? _____

Are You prepared and able to deal with possible problems: flea infestations, behavior issues, accidents, etc.? _____

Do you have someone to care for the cat during vacations or other absences? **Y** **N**

By signing below, I certify that:

★ I have been truthful in completing this application

★ I understand that any misrepresentation of myself, my intentions or false statements on this application will disqualify me from adopting from Project Spay.

Signature: _____ **Date:** _____