

Please, Help Us Help @ur 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):Sp	ouse/Partner/Roommate:
DATE OF BIRTH OF BOTH APPLICANTS LISTEI):
ADDRESS:	
CITY: STATE an	d ZIP CODE:
HOME PHONE: CELL P	HONE:
- 1.11	
Email Address:	
Employer & Address:	
Work Phone: ext.:	
DO YOU LIVE IN: (Please Circle or Highligh	t One)
Single Family House Multi Family House	se Apartment Condo Trailer
DO YOU: OWN OR RENT	
RENTERS, Provide a copy of your Lease or Land	ord's written Permission. Landlord Name, Address &
Phone:	
If less than 2 years please provide previous	
address	
Are you planning a housing change in the next 12 r	nonths? Please specify:
HOUSEHOLD INFORMATION:	<u>-</u>
How many Adults in the house?How many O	Thildren? Gender and Age of Children?
110W many radius in the node:110W many C	omaren:oenaer and rige of emidren:
Is any household member handicapped, disabled,	or Special Needs?
Is any household member allergic to cats?	
Is any household member allergic to cats? Do you currently have any pets? N Y please sp	ecify name, breed, gender, age:
Are shots up to date? Y N Are pets neutered/sp.	ayed? Y N
WHY DO YOU WANT TO ADOPT A CAT(S)?	

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: Good with other cats Okay being only Cat Good with Dogs Indoor Cat Good with Dogs Indoor Cat Good with Dogs Indoor Cat Good 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.? ★ 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.	How did you hear about us? Have you ever adopted a pet before? N Y I	f Yes please specify Pet(s), Where and When
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