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**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](mailto:projectspay@yahoo.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 writtenPermission. 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: \_\_\_\_\_\_\_\_\_**