



Cat Adoption Application



North Attleborough Animal Shelter

www.nashelter.org

The shelter is located on Cedar Road in North Attleborough • 508-699-0128 • Fax: 508-643-1268
Mailing Address • 43 South Washington St., North Attleborough, MA 02760

Please Read and Sign Below

Thank you for carefully and honestly filling out this form. We, the staff and volunteers at the North Attleborough Animal Shelter, dedicate ourselves in trying to find the best suitable home for the animal and for the family looking to adopt.

If we feel that a certain animal is not suitable or does not meet the requirements of the animal adoption, then we have the right to deny the adoption at anytime. Please do not take this personally; it's only fair that both parties find the right match for each other.

NOTE: Applications are done on a day to day basis. Every application that comes in is read thoroughly and you will be contacted by a staff member within a few days (Please allow us a few days to go over the applications). Other applications may have already been received on the same animal.

We may also contact your vet, landlord, and animal control officer of your town as a background check.

The declawing of adopted cats and kittens is strictly prohibited!

Signature _____

Date _____

Name: _____ Date of Birth: _____

Street: _____ City/State: _____ Zip: _____

Phone (Home): _____ (Cell): _____ (Work): _____ ext: _____

E-mail Address: _____ Occupation: _____

I wish to adopt: Name _____

Do you plan to keep the cat; Indoors, Outdoors, Indoors/Outdoors

Do you plan to let your new cat outside eventually? Yes, No

Have you ever had a pet hit by a car, lost or one that ran away? Yes, No

If interested in a kitten, do you plan to spay/neuter? Yes, No,

If No, Why? _____

over

- 1) My residence is: House, Apartment, Mobile Home, Condo, Other _____
2) Do you: Rent, Own, Live w/parents, Live w/friend, Other _____
How long have you lived there? _____

- 3) If you rent, do you have landlord's permission to have an animal? Yes, No, Not Sure
Landlord's name _____ Landlord's phone _____

• *Before application will be considered, we must contact landlord for permission*

What would you do with the cat if you had to move? _____

Have you ever had to give up ownership of a pet? Yes No How long ago? _____

What were the circumstances? _____

- 4) How many children in your family? _____ Ages _____

Have they ever been around pets if you have not owned one? Yes, No

- 5) Are any members of your family allergic to animals? _____

- 6) Who will be responsible for the animal? _____

- 7) How many hours will the animal be alone during the day: _____ evening: _____

- 8) Do you currently own any other pets? Yes, No

If yes, please specify: Dog, Cat, Bird, Ferret, Other _____

What breed? _____ Names/Ages _____ Spayed/Neutered _____

Are they up to date on shots, rabies vaccine and licensed? Yes, No, Not sure

Is your cat declawed? Yes, No Have you ever had a cat declawed? Yes, No

If you do not currently own a pet, have you ever owned one? Yes, No

If yes, what happened to each of them? _____

Name of your veterinarian _____ Tel. No. _____

- 9) Will you be declawing this adopted cat? Yes, No *If yes, Why* _____

- 10) Reason for adopting a cat: Family pet, For children, Gift, Other _____

- 11) Where did you hear about the N. Attleboro Animal Shelter? _____

Signature _____

Date _____

Adoption approved by: _____ Adoption denied by: _____ 6/03