

MANSFIELD ANIMAL SHELTER *Cat or Kitten Adoption Application*

175 Fruit Street Mansfield, MA 02048 (508) 261-7339 www.mansfieldshelter.org

This Section for Staff Use Only If approved, online by: _____

Animal's Name: _____ Volunteer Taking Application: _____ Date: _____

Comments: _____

Landlord Verification: Yes No Type of verification _____

Vet Check by _____ Date: _____ Comments: _____

Approved: Denied: By: _____ If approved, when will the animal be picked up: _____

Adoption Fee: \$ _____ S/N Deposit: \$ _____ Donation: \$ _____ = \$ _____ Cash or Check # _____

ADOPTION QUESTIONNAIRE – To be completed by visitor.

Completion of this application does not guarantee adoption. The shelter has the right to deny your application for any reason. In order to be considered for an adoption you must: ✓ Be 21 years of age or older; ✓ Have the knowledge and consent of all adults living in your household; ✓ Have your landlord's consent to bring an animal onto the property. Other applications may have been received for this animal. You will be contacted by a volunteer in a few days.

Please PRINT Clearly, and complete ALL questions. Cat applied for: _____

1. Your Name: _____

Email Address: _____

Street Address: _____ Town/City: _____

State: _____ Zip _____ How long have you lived at this address? _____

Phones: Home: _____ Cell _____

Occupation: _____ Employer: _____

2. Do you: Own Rent* House Condominium Apartment (*If renting, you will need to provide property owner's permission to have a cat.) Do you live with: Parents Roommates Spouse Other _____

3. List pets owned now **And in the Past (most recent first).**

Pet's Name	Cat	Dog	Sex	Age	Spayed / Neutered	Where is pet now? If deceased: when?	Comments
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					

Additional pet comments: _____

4. Name of veterinary clinic you use for vaccines: _____

Town: _____ Phone: _____ Are your pets up to date with vaccinations at that clinic? _____

Under whose name, if not yours, is the animal registered at that clinic? _____

Please complete reverse side.

5. Have you ever *applied* to adopt a shelter animal before? Yes No Cat Dog Pet's Name: _____

Where? _____ When? _____

6. Have you ever *adopted* a shelter animal before? Yes No Cat Dog Pet's Name: _____

Where? _____ When? _____

7. Have you ever *surrendered* an animal to a shelter? Yes No Cat Dog Name: _____

If yes, where? _____ When? _____

Reason for surrender? _____

8. How did you hear about the Mansfield Animal Shelter? Knew of Shelter Friend/Word of Mouth Petfinder web site

Mansfield Shelter web site Other _____

9. Why do you want to adopt this animal? Companion Gift Companion for another pet For Children Other:

10. How many adults are in your family or house? _____ Children? _____ Children's ages? _____

Does any member of your family have any allergies to animals? Yes No

Which member of your family will take primary responsibility for pet care: _____

11. Is someone home during the day? Yes No Who? _____

How many hours will this pet be alone per day? _____ Where will the pet be kept during the day? _____

Where will the pet be kept at night? _____

12. How do you intend to deal with scratching/clawing:

13. Do you travel a lot? Yes No Who will care for your pet when you are away on vacation, business, emergency, other?

If you move into a building that does not allow pets, what will you do with your pet? _____

14. Are you familiar with the local animal (cat) ordinances? Yes No

15. Do you plan to keep the cat: Indoors Outdoors Indoor/Outdoors

16. How much do you anticipate spending yearly to feed, vaccinate, and provide medical care for your pet?

17. If applicable, do you plan to spay or neuter your new pet? Yes No Not Applicable

Please explain why or why not: _____

18. Cats often live more than 15 years. Are you ready to take responsibility for the pet's entire life? Yes No

19. By signing below, I certify that the information I have given is true, and that I recognize that any misrepresentation of facts could prevent me from adopting a pet. **I understand that the Mansfield Animal Shelter has the right to deny my request to adopt an animal,** and I authorize investigation of all statements in this application.

20. Signature: _____ Date: _____

Thank You for applying to adopt a shelter animal!