



MASSACHUSETTS Feline Intervention Alliance

FELINE ADOPTION APPLICATION

Please give careful consideration to adopting. Be sure your lifestyle allows the time, patience & expense this pet will need over the years.

Procedure: Completely fill out & sign application. *You will hear back within 7 days or please assume your application was not selected.* Applications that are selected; vet and personal reference checks will be conducted to ensure the home selected is well suited to meeting the animal's individual needs.

Date: _____

Where did you hear about us? _____

Applicant's full name: _____ DOB or Are you over 21: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: *(Please print)* _____

Do you: Own Rent Live with others _____

Is your residence: House Condo Mobile Home Apartment Farm Other _____

If you live with others, or rent, do you have permission to have a Cat/Kitten? Yes No

Required: Name & Telephone Number Of Landlord. *(Application cannot be processed without it.)*

Name: _____ Tel#: _____

Name of cat / kitten you are applying for? _____ Breed/Color: _____

If the cat / kitten you are applying for is no longer available, what are you looking for in a cat or kitten:

Age: 2 - 6 Months 6 - 12 Months 1 - 6 Years 7 Years + Sex: Male Female No Preference

Coat: Short Hair Medium Hair Long Hair No Preference Color Preference: _____

Personality: Playful Calm Shy Affectionate Lap Cat Likes Cats Likes Dogs Likes Kids

Health Preference: Healthy Only Short Term Problems FIV+ Leukemia + Special Needs No Preference

Where will the cat or kitten live? Indoors Outdoors Inside and Outside *(Please explain)* _____

Do you plan to Declaw? Yes No Not Sure *(If Yes, or not sure, please explain)* _____

How many hours will the cat or kitten be left alone: Daytime? _____ Evening? _____

Did you know changing environments may cause the cat or kitten to have accidents or behavioral issues? Yes No

Are you willing to give the cat or kitten time to adjust to a new environment? Yes No

If you have to move, what will you do with your new cat or kitten? _____

Have you considered the extra expenses that will come with owning a new cat or kitten? Yes No

The cost of owning a cat typically runs from \$300 to \$900 per year for basic food, cat litter, routine veterinary care, vaccinations, does not include boarding or grooming. If a cat is injured or gets seriously ill, extra veterinary care can cost hundreds to thousands of dollars.

What circumstances, in your mind, do you feel justify giving up a pet?

- Fleas
- Shedding
- Expenses
- Bites
- Chewing/Clawing, Destructive behavior
- Moving to residence where cats are not allowed
- Change in lifestyle such as New Baby, Marriage, Divorce, etc.
- Pets Medical Condition
- Pets don't get along
- No Time
- Would not Consider
- Other (please explain) _____

Have you ever had to give up ownership of a pet? Yes No If Yes, please explain. _____

Do you currently have any pets? Yes No

Complete the table below for CURRENT and PAST pets.

| Pet Name | Breed of cat or dog or other | Sex / Age | Spayed/ Neutered- Yes or No? | Up to date with Rabies / Vaccinations? | De-clawed Yes or No? | Lives inside, outside or both? | Where did you get this pet? | Current (C) or Past (P)? |
|----------|------------------------------|-----------|------------------------------|--|----------------------|--------------------------------|-----------------------------|--------------------------|
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Current Veterinarian's Name: _____ Telephone number: _____

Past Veterinarian's Name: _____ Telephone number: _____

If applicable, PLEASE BE SURE TO CALL YOU VET TO TELL THEM WE WILL BE CALLING WHICH ALLOWS THE VET TO RELEASE INFORMATION. IF WE CAN NOT DO A VET CHECK, THEN THERE CAN NOT BE ANY ADOPTION.

Name of person on file with the Vet? _____ Is this the vet you will use for new pet? Yes No

How many adults live in your home? _____ Number of children under age 18 live in your home? _____

Please tell us about your past pet experience. This helps us find a great match between the adopter and the cat/kitten.

Are **ALL** members of your household aware of and in agreement with this adoption? Yes No

References: (Non-Family Members)

| Name of reference | Address | Phone Number | Relationship to you |
|-------------------|---------|--------------|---------------------|
| | | | |
| | | | |

By signing this application, I attest that the information provided is true and accurate and understand false information will result in denial of adoption. The adoption decision is dependent on many factors, including but not limited to the compatibility of the family to the individual animal. I understand that Massachusetts Feline Intervention Alliance is a private organization and may reject my application if it feels it will be in the best interest of the animal.

Massachusetts Feline Intervention Alliance makes every effort to ensure that all cats/kittens available for adoption are healthy, however, I understand that the animal I am applying for may have been abandoned, surrendered, or born outside and therefore MA-F.I.A. may have limited information regarding the animal's background.

It is possible that any cat/kitten may have an underlying health issue unknown to MA-F.I.A. or our veterinarian. All have been examined by a veterinarian, received age appropriate vaccinations, been combo tested for FIV and Feline Leukemia and spayed or neutered. We suggest that you have your newly adopted feline examined by your own vet within 10 days of adoption.

I, the undersigned, hereby agree that in the event a licensed veterinarian finds the animal to have a serious illness, (such as distemper) within 10 days of adoption, I/we may return the animal to MA-F.I.A (receipt and veterinarian documentation required) within the ten days to receive a refund, less \$25 processing fee. **If I/we decide to keep the animal and treat it, I/we agree to be responsible for all medical costs.**

I hereby agree to hold harmless and to indemnify Massachusetts Feline Intervention Alliance, its volunteers, agents and/or veterinarian, for any health issues that may arise after adoption.

I, the undersigned, hereby specifically and forever release, discharge and hold harmless the Massachusetts Feline Intervention Alliance, its agents, and any other person, firm or corporation charged or chargeable with liability, their heirs, administrators, executors, successors and assigns, from any and all claims, damages, costs, expenses, loss of service, actions and causes of action in relation to adoption of this animal.

By signing this application, I hereby authorize and give permission for the Massachusetts Feline Intervention Alliance to verify all information on the application and to visit my residence, if necessary, before finalizing the placement.

I understand that I will be required to provide a minimum donation based on the MA-F.I.A. Adoption Fee Information Sheet.

_____ Date: _____
(Signature of adopter)

Approved by: _____ (MA-F.I.A. representative) Date: _____

All Adopted Felines MUST go home in a Pet Carrier. If for any reason you or your new feline is unhappy after the adoption, we ask that you wait at least 48 hours before returning the animal. If your feline is having trouble adapting to your home please call us with any questions. If returned within 10 days, you may receive a refund, less \$25.00. After 10 days, the feline will still be accepted back, as space allows, however the adoption fee will not be refunded.

MA-F.I.A. USE ONLY

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|----------------------------|------------------------|
| Date Application Received: | References Done By: |
| Approved / Denied | Receipt#: |
| Date Adopted: | Adoption Donation: |
| Adoption Agreement Signed | Medical Records Given: |