



Friends of Attleboro Animal Shelter

Pond St N • PO Box 592 Attleboro, MA 02703

508-761-5617 • 508-276-0444 Fax

Email: attleboropets@hotmail.com

www.FAASpets.org

"Love Is Adoptable At the Attleboro Animal Shelter"

FAAS USE ONLY

Date in: _____

Approved: _____

Cat's Name: _____

Receipt #: _____

FELINE ADOPTION APPLICATION

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile: _____

Email Address: _____ Occupation: _____

The Feline You Are Interested In

What is your reason for adopting a cat? Family Pet Companion Gift Other: _____

Is there a specific feline you are interested in? Yes No

If yes, what is the name? _____

How did you become aware of this feline? _____

If no, what kind of feline are you interested in adopting?

Age: 2 months–6 months 6 months–12 months 1year – 6 years Senior (7+ years)

Sex: male female no preference Short Hair Medium Haired Long Hair

Color: _____ Declawed

Additional interests/requirements: _____

Pet and Vet History

Do you currently have any pets? Yes No

If yes, please specify: ___Dog ___ Cat ___ Bird ___ Ferret ___ Other _____

Breed(s): _____

Name(s) / Ages(s): _____

Altered? _____

Are all animals current on shots, rabies vaccinations and licensed? Yes No

Other than your current pets, have you ever owned a pet? Yes No If yes, how long ago? _____

Pet's name: _____

(If within the last year, please provide your vet contact information in the space provided)

Have you ever had to give up ownership of a pet? Yes No

If yes, what were the circumstances and how long ago? _____

Have you ever had a pet hit by a car? Yes No

Name of your Veterinarian: _____

Address: _____ Phone: _____

Applicant's Name: _____

Feline's Name: _____

Describe Your HomeMy residence is: House Apartment Mobile Home Condo OtherDo you: Own Rent Live w/ Parents Other

How long have you lived there? _____

If you rent, do you have your landlord's permission* to have animals? Yes No

Landlord's Name: _____ Phone: _____

***Before application is considered for approval, your landlord will be contacted for permission.**Do you plan to let your new cat outside? Yes NoDo you plan to de-claw your new cat? Yes No

How many children are in your family? _____ Ages: _____

Have they ever been around pets? Yes NoIs anyone living in your house allergic to animals? Yes No

Who will be responsible for the cat? _____

How many hours will the cat be alone during the day? _____

If you ever had to move, what would you do with the cat? _____

Adoption Fees:

- Adult cats - \$120.00
- Senior cats (age 7 and up) - \$90.00
- Kittens - \$120.00, you will receive a \$30.00 refund for kittens that have not been spayed/neutered, upon our receipt of proof of spay/neuter.
- A \$30.00 discount is given when two cats/kittens are adopted at the same time.

Payment: Money order, personal check or cash. Any check returned to FAAS for insufficient funds will be assessed a \$20.00 returned check fee in addition to the adoption fee, which must then be paid via money order. If after 30 days payment has not been received for the returned check as well as the original adoption fee, FAAS reserves the right to reclaim the cat/kitten.

SIGNATURE: _____

DATE: _____

Friends of the Attleboro Animal Shelter (FAAS) is a non-profit, all volunteer 501(c)(3) organization dedicated to care for, provide medical treatment, and re-home the homeless, abandoned, and abused cats and dogs of the Greater Attleboro area; to reduce overpopulation through spay and neuter programs; and to community education promoting the care of animals, strengthening the human-animal bond.

Applicant's Name: _____

Feline's Name: _____

A contract between Friends of the Attleboro Animal Shelter (FAAS) and _____

Please initial each clause individually and sign and date the bottom of the form.

The following conditions apply to the ownership of cats and kittens adopted from FAAS.

Please initial your agreement to comply with each statement.

_____ Cats over six (6) months of age will be spayed/neutered.

_____ Cats will be fed, hydrated, sheltered and supervised appropriately.

_____ Cats will not be subject to extreme punishing methods or other inhumane acts (including de-clawing and related procedures).

_____ Cats will be provided with routine and emergency veterinary care. This includes vaccinations and any necessary prescription medications.

_____ If it is necessary to relinquish ownership, cat will be surrendered to FAAS.

I/we, the undersigned, hereby specifically and forever release, discharge and hold harmless FAAS, the City of Attleboro, 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 the cat.

I/we understand that refusal to comply with this agreement after having adopted a cat from FAAS will allow FAAS to repossess the cat.

Signed this _____ day of _____ in the year _____.

Signature

Witness

Print Name

Address

City

State / Zip Code

Home Phone

E-Mail Address

INTERNAL USE ONLY

Date Into FAAS: _____ Date Reviewed _____ Approved? Yes No FAAS Initials _____

Landlord Check Date: _____ Permission: Yes No

Comments: _____

Vet Check Date: _____ UTD Yes No Rabies Yes No

Comments: _____

Additional Comments/Concerns: _____

ADOPTION APPROVED BY: _____ DATE: _____