

Friends of Attleboro Animal Shelter (FAAS)

Located on Pond St N
 PO Box 592, Attleboro MA 02703
 Phone: 774-203-1862 Fax: 508-276-0444
 Email: Attleboropets@hotmail.com
 Web: www.FAASpets.org



FELINE ADOPTION APPLICATION

PLEASE GIVE CAREFUL CONSIDERATION TO ADOPTING! BE SURE YOUR LIFESTYLE ALLOWS THE TIME, PATIENCE AND EXPENSE THIS PET WILL NEED OVER THE YEARS. ADDING A PET TO YOUR FAMILY IS A 10 TO 15 YEAR COMMITMENT. ANIMALS ARE NOT TOYS OR SHORT-TERM COMMITMENTS AND THEY ARE NOT DISPOSABLE.

PROCEDURE: COMPLETELY FILL OUT AND SIGN THE APPLICATION. YOU WILL HEAR BACK WITHIN 10 DAYS OR PLEASE ASSUME YOUR APPLICATION WAS NOT SELECTED. APPLICATIONS THAT ARE SELECTED WILL GO THRU ALL NECESSARY CHECKS TO ENSURE A PROPER HOME. IF THE ADOPTION IS APPROVED, AN ADOPTION CONTRACT WILL BE SIGNED AND ADOPTION FEE PAID.

ADOPTION FEE IS PAYABLE TO FAAS IN THE FORM OF MONEY ORDER, CASH OR CHECK

Date:	Where did you hear about us?	
APPLICANTS INFORMATION <i>(please print clearly)</i>		
Applicants Full Name	Age	
Co-Applicants Full Name	Relationship to Applicant	
Street Address, City, State		
Home Phone	Cell Phone	Email
Applicants Employer / Occupation		Employer Phone
Co-Applicants Employer / Occupation		Employer Phone
FELINE INFORMATION		
Name of Cat / Kitten you are applying for?		
How did you become aware of this Cat or Kitten?		
Why do you want to adopt a Cat or Kitten? <input type="checkbox"/> Family Pet <input type="checkbox"/> Companion <input type="checkbox"/> Gift <input type="checkbox"/> Other		
If Gift or Other please explain.		
What are you looking for in a Cat or Kitten:		
Age: <input type="checkbox"/> 2 – 6 Months <input type="checkbox"/> 6 – 12 Months <input type="checkbox"/> 1 – 6 Years <input type="checkbox"/> 7 Years +	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No Preference	
Coat: <input type="checkbox"/> Short Hair <input type="checkbox"/> Medium Hair <input type="checkbox"/> Long Hair <input type="checkbox"/> No Preference	Color Preference:	
Personality: <input type="checkbox"/> Playful <input type="checkbox"/> Calm <input type="checkbox"/> Shy <input type="checkbox"/> Affectionate <input type="checkbox"/> Lap Cat <input type="checkbox"/> Likes Cats <input type="checkbox"/> Likes Dogs <input type="checkbox"/> Likes Kids		
Health Preference? <input type="checkbox"/> Healthy Only <input type="checkbox"/> Short Term Problems <input type="checkbox"/> FIV+ <input type="checkbox"/> Leukemia + <input type="checkbox"/> Special Needs <input type="checkbox"/> No Preference		
Where will the Cat or Kitten live? <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Inside and Outside <i>(Please explain)</i>		
Do you plan to Declaw? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, please explain)</i>		
Who will be responsible for the care and expenses of the Cat or Kitten?		
How many hours will the Cat or Kitten be left alone: Daytime?		Evening?
If and when you travel where will the Cat or Kitten stay?		
Did you know changing environments may cause the Cat or Kitten to have accidents or behavioral issues? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you willing to give the Cat or Kitten time to adjust to a new environment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Behavioral issues arise with your new Cat or Kitten, what actions will you take?		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
The cost of owning a cat typically runs from \$200 to \$700 per year for basic food, cat litter, routine veterinary care, vaccinations and boarding -- but not including grooming. If a cat is injured or gets seriously ill, extra veterinary care can cost hundreds to thousands of dollars.		

What reasons do you feel are valid for giving up a pet? Fleas Shedding Expenses Noisy Chewing/Clawing
 Destructive Bites New Baby Moving Marriage or Divorce Doesn't Listen Pets Medical Condition
 No Time Would not Consider Other (*please explain*)

Have all household members met and agreed on a new Cat / Kitten? Yes No

PET AND VETERINARY HISTORY

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

If Yes, Please complete the information below. If additional space is needed please write on back.

	Pet 1	Pet 2	Pet 3
Pet's Name			
Type of Pet / Breed			
Sex / Age			
Spayed or Neutered			
Up to Date with Rabies			
Up to Date with other Vaccines			
Licensed if required			
Indoor or Outdoor			
When did you get this Pet			
Where did you get this Pet			

Current Veterinarian's Name and Telephone number?

Name of person on file with the Vet?

If you currently have no pets, please list pets over the past 10 years. If additional space is needed please write on back

	Pet 1	Pet 2	Pet3
Pet's Name			
Type of Pet / Breed			
Sex / Age			
Spayed or Neutered			
Indoor or Outdoor			
When did you get this Pet			
Where did you get this Pet			
If deceased - When			
If deceased - Cause of Death			
If Rehomed - When			
If Rehomed - Why			
Veterinarian's Name			
Name of person on file w/Vet			

Name of Veterinarian you will use for your new pet?

Contact info for Veterinarian you will use for your new pet?

HOUSEHOLD INFORMATION

Have all household members been around pets? Yes No

Is your residence: House Condo Apartment Mobile Home Duplex Other (*explain*)

Do you: Own Rent Live w/Parents Live w/Friends Other (*explain*)

If you live with Parents, Friends or Rent – Do you have permission to have a Cat or Kitten? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you Rent please provide Name & Telephone number of Landlord.			
Landlord Name		Telephone	
How long at current residence?			
If you rent and live at current residence for less than 2 years, list the name and contact info for prior Landlord.			
Landlord Name		Telephone	
Number of Adults in household?		Number of Children in household?	
Please list all members living in household			
Name	Age	Name	Age
Name	Age	Name	Age
Name	Age	Name	Age
REFERENCES			
Please provide names and contact info for two references, not related to or living with you.			
Name of Reference	Address of Reference	Phone Number	Relationship to you
ADDITIONAL INFORMATION			
Please provide any additional information you would like us to know:			
AGREEMENT AND SIGNATURE			
<p>By signing this application I attest that the information provided is true and accurate and understand false information will result in denial of adoption. Also, if an omission or untruth is discovered after an adoption takes place, the City of Attleboro or the Friends of Attleboro Animal Shelter reserves the right to annul the adoption and reclaim the animal. The adoption decision is dependent on many factors, including but not limited to the compatibility of the family to the individual animal. I understand it is the Friends of Attleboro Animal Shelter’s prerogative to decide which home is most appropriate and that their decision is final.</p> <p>While FAAS makes every effort to ensure that all animals available for adoption are healthy, it is possible that any animal may have an underlying health issue unknown to FAAS or our veterinarian. All adults have been examined by a veterinarian, received all necessary vaccinations, been combo tested for FIV and Feline Leukemia and spayed or neutered. All kittens have been examined by a veterinarian and have received all age appropriate vaccinations. I hereby agree to hold harmless and to indemnify FAAS, its volunteers, agents and/or veterinarian, for any health issues that may arise after adoption.</p> <p>I, the undersigned, hereby specifically and forever release, discharge and hold harmless the Friends of Attleboro Animal Shelter, 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.</p> <p>I hereby authorize the Friends of Attleboro Animal Shelter to receive information from Veterinarians and others listed on this application.</p>			
Signature:			Date:
All Adopted Felines MUST leave the Shelter in a Pet Carrier			
<p>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.</p>			
FAAS USE ONLY			
Date Application Received:		Received By:	
Shelter Name of Feline:		References Done By:	
Approved By:		Denied By:	
Date Adopted:		Receipt # and Amount:	
Medical Records Given:		Medical Records need to be Mailed:	
Adoption Agreement Signed?		Free Office Visit Given?	