

MASSACHUSETTS HUMANE SOCIETY INC.

Email: masshumane@aol.com

ADOPTION CONTRACT/APPLICATION for CATS/KITTENS

Please note, once this contract is approved and signed by all parties it is legal and binding.

Thank you for considering to adopt a cat/kitten. This form is designed to assist you in selecting a cat or kitten that is suitable for you, your family and your lifestyle. Our goal is to find kind, loving, responsible and **PERMANENT** homes for the cats/kittens in our care.

Adoption Fee: Adult - \$ 100.00 \$ _____ (includes young cats)
Adoption Fee: Kittens - \$ 125.00 \$ _____ Altered: Y_____ N_____

In order to be considered for adoption today, you must:

- Be 18 years of age and have current identification on ALL heads of household.
- If own your own home, must show proof of home ownership.
- Have the landlord's name and telephone number, if you rent.
- Understand that we must review and approve your application and then you will receive a telephone return call back.

Interested In: (Cat's Name) _____

DATE ___/___/___ NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

(HOME PHONE) _____

(WORK PHONE) _____

(Cell Number) _____

email : _____

Do you live in a: Single-family house Multi-family house
 Apt. Condo/Duplex Studio Mobile home
 Public housing With parents Student residence Other

Do You: Rent Own

If you rent, are animals allowed in your residence? Yes No

How long have you lived at this address:

Are you planning to move in the near future: Yes___ No ___

If you move in the future, what will you do with the cat?

Landlord's Name _____ Phone# _____

Who lives in your household?
List by name & relationship. (Also list children's ages).

Your Age: _____
Name _____ Relationship _____ Age _____
Name _____ Relationship _____ Age _____
Name _____ Relationship _____ Age _____

Is this cat adoption for: Self ___ Someone Else ___ Gift ___

1. My cat(s) is/are primarily: Outdoor 1. _____ 2. _____
2. My cat(s) will be: Indoor _____
Indoor & Outdoor _____

Please check one below that **WILL** apply to the adopted cat(s):
1. ___ My cat stays indoors but is allowed to go safely outside.
2. ___ My cat does not go outside.
3. ___ My cat goes outside supervised with a family member.

If you **have cat (s) now or had cats before**, did or do - your cat(s) go- outside?
YES _____ NO _____

I had or have my cat/s for how long?

Name: _____ Age _____ Still Have? Y___ N___
Name: _____ Age _____ Still Have? Y___ N___
Name: _____ Age _____ Still Have? Y___ N___

What happened to your cat/s if you no longer have?

Name of your veterinarian:

Telephone #:

Do you or anyone in your household have allergies to cats?

Yes ___ No ___

How will your new cat/kitten spend its days? (*check all that apply*)

Indoors Basement Garage Porch Yard Outdoors Other

How will your new cat/kitten spend its nights? (*check all that apply*)

Indoors Your bedroom Kitchen Basement Garage Porch Outdoors Other

On average, how many hours each day will the cat/kitten be:

Alone: _____ With you & your family: _____

Do you travel? Yes ___ No___

If yes, what are your plans for caring for your cat/kitten while you are away?

Please describe the activity level of your home:

What are your hobbies, interests and activities?

What steps would you take if your cat/kitten started to ruin your furniture?

- _____ Buy a brochure on scratching behavior.
- _____ Clip cat's nails.
- _____ Use citrus scents on furniture.
- _____ Declaw cat.
- _____ Place "Soft Paws" on cats nails.
- _____ Spray cat with water when seen scratching furniture.
- _____ Get a good scratching post
- _____ All of the above.

Would you prefer a declawed cat?

Yes___ No ___

- Do you have declawed cat/cats? Yes ___ No___

What OTHER animals (besides cats) have you owned in the past?

(If Dog)

NAME: _____ TYPE/BREED _____/ _____ AGE/SEX___/ _____

NAME: _____ TYPE/BREED _____/ _____ AGE/SEX___/ _____

NAME: _____ TYPE/BREED _____/ _____ AGE/SEX___/ _____

Still own any? (If YES, please list names below).

Names: _____

(If no, please explain)

If any of the above animals are deceased and they went to another vet, please list the vet's name below:

Other Vet Name: _____

Telephone #:() _____

Do you understand why we require all cats to be spayed or neutered?

Yes___ No___

I agree to get this kitten spayed or neutered at the appropriate time. (if not already fixed). Yes ___ No ___ Initial if Yes: _____

Please tell us why you would like to adopt a cat/kitten.

Please give the names of 2 references. (no family)

Name: _____
Relationship: _____
Day Phone: (_____) _____
Evening Phone: (_____) _____

Name: _____
Relationship: _____
Day Phone: (_____) _____
Evening Phone: (_____) _____

How long of a period are you willing to allow for the cat/kitten to adjust to your home?

If you could not keep this cat/kitten for any reason, what would you do?

Would you allow a member of the Mass Humane Society to do a home check?

Yes____ No____

Cats can live 15 to 20 years, are you prepared to take responsibility for the cats' entire life? (Please consider issues such as moving, children, planning to have children, teenagers off to college, change in life style?) Yes____ No ____

Often you may have to separate new pets from existing ones in order to introduce them in a gradual manner. Can this be done at your home & do you have the space to do this?

Yes____ No ____

Is Your Household Smoke Free? Yes _____ No _____

Have you ever brought a pet to a shelter? Yes ___ No___
If yes, please explain the circumstances.

Many shelter animals have unknown medical histories, are you prepared to provide and pay for any necessary medical treatment that may occur in the future?

Yes ___ No___

I agree that if I am no longer able to keep this cat/kitten for any reason that he/she must be returned to the Massachusetts Humane Society and is NOT to be given to a friend, family member or any other shelter/animal organization or Veterinary Animal Hospital

Please note (two statement clauses) :

Under **NO CIRCUMSTANCES** am I to ever get this cat/kitten **DECLAWED**. If scratching becomes a problem I will contact Mass Humane Society right away to discuss alternatives to scratching behavior and or I may return the cat/kitten if the problem persists.

Under the **INDOOR POLICY** of Mass Humane Society I promise in ***good faith*** **NEVER** to let the cat/kitten **outside**. I will take all precautions with friends and family to insure that this cat/kitten does not escape and **will live indoors**. I understand the dangers of the outdoors - cars, poisoning, coyotes, other sick stray cats, wildlife, cruel people and getting lost. If the cat/kitten accidentally gets outside and is lost PLEASE CALL

Mass Humane Society right away. We have the experience and ability to locate lost cats that were previously in our care.

Adopter agrees to pay MHS an adoption fee of \$100.00 or \$125.00 for the above named cat. This fee, minus \$25.00 is refundable provided the adopter personally returns the alive cat to MHS within seven (7) days of its adoption and releases MHS of any further liability.

Please Sign & Date Below:

(NO PHONE CALLS PLEASE – EMAIL APPLICATION OR DROP OFF AT PETSMART – HANOVER IN THE DROP BOX ON THE TABLE BY THE CAT ADOPTION CENTER) You will only get a call back, if you have been approved for the adoption of the animal. Unfortunately, we do not have the manpower to call each and every applicant back. In advance, WE thank you for your understanding !!

We will discuss the following:

- **Adjustment to new home.**
- **Identification.**
- **Litter-box Use.**
- **Questions With:**
 - *Scratching*
 - *Biting*
 - *Staying off furniture*
 - *Chewing plants*

DO YOU HAVE ANY QUESTIONS OR CONCERNS?

BY SIGNING BELOW, I UNDERSTAND AND I CERTIFY THAT THE INFORMATION I HAVE GIVEN IS TRUE AND THAT I RECOGNIZE THAT ANY MISREPRESENTATION OF FACTS MAY RESULT IN MY LOSING THE PRIVILEGE OF ADOPTING A CAT/KITTEN. I UNDERSTAND THAT A MEMBER OF MASSACHUSETTS HUMANE SOCIETY HAS THE RIGHT TO DENY MY REQUEST TO ADOPT A CAT OR KITTEN. MHS HAS THE RIGHT TO MAKE AN UNSCHEDULED VISIT TO CHECK ON THIS CAT/KITTEN. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS ON THIS APPLICATION.

Signature: _____

Date: _____

"I hereby swear, under the pains and penalties of perjury, that the information I have provided above is true, and to the best of my knowledge and belief".

Thank You!