



"A Private, All Volunteer, No-Kill, Nonprofit, Foster Care Organization"

PET ADOPTION APPLICATION

Please email completed application to **friendsofcats@yahoo.com**
OR print and snail-mail to **PO Box 283, Attleboro, MA 02703**

Phone: **(508) 838-0119**

To adopt an animal, you must first confirm the following:

- I am at least 18 years of age, with verifiable photo identification available upon request
- I have the consent of all adults in my household, as well as my landlord or HOA (or own my own home)
- I understand that Attleboro Friends of Cats, Inc. (AFOC) has the right to deny my application for any reason
- If I adopt a cat from AFOC and ever need to surrender it, I will reach out to AFOC for assistance first

1. Personal Information

Name _____
Daytime Phone (____) ____ - _____ Evening Phone (____) ____ - _____
Street Address _____
City _____, State ____ Zip _____

2. Current Pets (enter "N/A" for type if you do not have one currently)

Type _____	Type _____	Type _____
Gender ____ Age ____	Gender ____ Age ____	Gender ____ Age ____
Spayed/Neutered? <input type="radio"/> Y <input type="radio"/> N	Spayed/Neutered? <input type="radio"/> Y <input type="radio"/> N	Spayed/Neutered? <input type="radio"/> Y <input type="radio"/> N

3. Previous Pets (enter "N/A" for type if you have not had one previously)

Type _____	Type _____	Type _____
Gender ____ Age ____	Gender ____ Age ____	Gender ____ Age ____
Spayed/Neutered? <input type="radio"/> Y <input type="radio"/> N	Spayed/Neutered? <input type="radio"/> Y <input type="radio"/> N	Spayed/Neutered? <input type="radio"/> Y <input type="radio"/> N
Where is the pet now? _____	Where is the pet now? _____	Where is the pet now? _____

4. Current Veterinarian

Name _____ City/State _____
Phone Number(____) ____ - _____

5. Have you ever applied and/or adopted from an animal shelter before?

Yes No

6. Have you ever surrendered an animal to a shelter?

Yes No If so, why? _____

7. Why do you wish to adopt this animal?

8. How many adults are in your household? ____

9. How many children are in your household? ____ Please enter their age(s): _____

10. Does anyone in the household have allergies? Y N

If yes, do they receive treatments (shots, medication, etc) for their allergies? Y N

11. Who will take primary responsibility for the cat's care? _____

12. Where will the cat be kept during the day? Where during the evening/night?

13. How long will the cat be left alone on a daily basis (during work days, etc)? ____ hours

14. Will you take responsibility for the cat for its whole life? Y N

Yearly cat care averages \$250, and cats often live over 15 years

REQUIREMENT: Cats need annual exams and shots!

15. Will you spay or neuter the cat? Y N

16. Do you plan to declaw the cat? Y N

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17. How will you handle litter training, scratching, clawing, and other behavioral issues?

18. Will you allow Attleboro Friends of Cats to visit your home or take a family photo during the cat's life?

We will always call first and provide notice if we choose to do this!

Please note that all photos taken by or submitted to Attleboro Friends of Cats will become their property and may be used in newsletters, bulletin boards, etc. without further notice.

Y N

If no, please tell us why not:

19. Are you familiar with state and local pet ordinances? Y N

20. What type of cat do you want to adopt?

Breed Color

- Adult Kitten Doesn't matter
Male Female Doesn't matter
Indoor only Outdoor only Indoor/Outdoor
Barn cat Declawed

If you are interested in a particular cat you saw online, please paste the URL to the cat's page here, or enter its name & gender here:

21. Personal references

Please provide at least two personal character references we can contact. People who know your pets or your history with pets are ideal. At least one should NOT be a family member.

Name Phone Address (three columns)

DISCLOSURE

The cat you adopt may be an Attleboro Friends of Cats, Inc. foster care animal (Program #1 - abandoned, surrendered, or taken from a shelter because they have no room; and we do not know their history) or a Feline Connection animal (Program #2 - which means a person calls the shelter to surrender a cat due to moving, death in the family, or other reason). Therefore, we are not responsible for a Feline Connection adoption other than giving the owner's name and phone number. You may obtain records from the original owner, ask any behavior questions, vet care, etc.

By signing below, I certify that the information provided in this application is true, and I authorize investigation of all statements in this application. I understand that any misrepresentation of the facts may result in my losing the privilege of adopting a cat from Attleboro Friends of Cats, Inc.

(If you are submitting this form electronically, please type your full name on the signature line below)

Applicant Signature Date

FOR OFFICE USE ONLY
Received By: Received Date: Application #:
Applicant ID: Disposition:
Medical Notes:
Comments: