



METROWEST HUMANE SOCIETY, INC. ADOPTION APPLICATION

30 Pond St. Ashland, MA 01721; P.O. Box 1068, Framingham, MA 01701

Phone: 508-875-3776 / Email: mwhspaw@yahoo.com

Please complete the application in its entirety. It is designed to help us determine if the adoption is in the animal's best interest and to assist the potential adopter in finding an animal most compatible with his/her lifestyle. An unwise adoption can result in an unpleasant experience for the adoptive family and the pet. We hope you agree with us that the **animal's welfare must be our first consideration**. Please understand that, as experienced adoption counselors, we may deny your application should it not meet MWHS policies. All adoption fees or money received to hold a particular pet is non-refundable. Please email the completed application to MWHS at mwhspaw@yahoo.com.

- To be considered for an adoption, you must:
1. Be at least 21 years of age – VALID IDENTIFICATION REQUIRED.
 2. Have the consent of all adults living in your household.
 3. HAVE THE LANDLORD'S CONSENT TO BRING AN ANIMAL INTO YOUR HOME. A copy of your lease may be requested.

Where did you hear of MWHS?			
Have you adopted from us previously?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	
Do you still have the pet?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?	

PERSONAL INFORMATION – Please Show Valid Identification

Name:	Spouse or Companion:
Street Address/Apt. # :	Name:
City, State, Zip Code:	Cell Phone:
	E-Mail Address:
Home Phone:	Employer Name/Address:
Cell Phone:	
E-Mail Address:	Work Phone:
Employer Name/Address:	Occupation:
Work Phone:	
Occupation:	

Do you live in:	House	Apartment	Mobile Home	Condo	Dormitory
	With Parents?				
Do you:	Own	Rent			
	How long at this address?				
Do you plan to move within the next six months?					
Are you in the military?	<input type="checkbox"/> Yes <input type="checkbox"/> No				



If renting, please list the name, address, and phone number of landlord. We cannot allow you to adopt an animal without landlord approval, written or verbal.

Name:	
Street Address/Apt. # :	
City, State, Zip Code:	
Phone:	

Please list the names of all people living with you; list ages of children under 21.

Name	Age

Does anyone in your household have any known allergies to animals? If yes, which animals, and how severe?	
Do you travel a great deal? If yes, how will you provide for your pet while you are away?	
Are you adopting this pet for: <input type="checkbox"/> Yourself <input type="checkbox"/> Another Member of Family <input type="checkbox"/> Gift for Someone	
Please indicate reasons for adoption: <i>(check all that apply)</i>	
<input type="checkbox"/> Family Pet <input type="checkbox"/> Companion <input type="checkbox"/> Mouser <input type="checkbox"/> Breeding <input type="checkbox"/> Companion for Other Pet in Household	
Do you plan to declaw your pet? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ANIMAL DESIRED: CHECK ONE IN EACH COLUMN		
Cat: <input type="checkbox"/>	Male: <input type="checkbox"/>	Indoor Only: <input type="checkbox"/>
Kitten: <input type="checkbox"/>	Female: <input type="checkbox"/>	Outdoor Only: <input type="checkbox"/>
Either: <input type="checkbox"/>	Either: <input type="checkbox"/>	Indoor/Outdoor: <input type="checkbox"/>

Is this your first experience with a pet? If not, what types and when?	
Where will the pet be kept during the day?	At night?
Who will be responsible for the care of this pet?	
How many hours per day will the pet be without human companionship?	
Do you plan to let your cat have kittens? Why or why not?	



Yearly veterinary care for a cat averages \$250-\$300. Since many shelter animals have unknown medical histories, are you prepared to provide and pay for any necessary medical treatment that might occur in the future? Yes No

Considering cats may live longer than 15 years, are you committed to caring for this pet for this amount of time?

Do we have permission to call your veterinarian to discuss medical issues of current or past pet(s)? Yes No

Name/Address/ Phone Number of Veterinarian:

Have you ever brought an animal to a shelter? If yes, please explain why.

List Pets Currently Living in Your Household

	Name	Type/Breed	Kept Where	Age	Spayed or Neutered?	Male/Female
1						
2						
3						
4						

Are all animals in your household up-to-date on their vaccinations?

Specifically, have all cats been tested for Feline Leukemia and FIV?

Date Tested: Result:

List Pets Owned Within the Last Five Years Other than Those Listed Above

	Name	Type/Breed	Age	Spayed or Neutered?	What Happened to Pet?
1					
2					
3					
4					

I UNDERSTAND THE ABOVE QUESTIONS AND AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I GIVE MWHS PERMISSION TO CONTACT MY VETERINARIAN, EMPLOYER, AND/OR LANDLORD TO VERIFY SAID STATEMENTS. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DENIAL OF ADOPTION OR RETURN OF ADOPTED ANIMAL(S).

ALL APPLICATIONS WILL REMAIN THE PROPERTY OF THE METROWEST HUMANE SOCIETY.

Signature:

Date:



FOR SHELTER USE ONLY

Date:	Adoption Counselor:
Approved:	Denied:
Animal(s) Adopted/Date Left Shelter 1) 2) 3)	If Denied, Why?
Remarks:	