



# METROWEST HUMANE SOCIETY, INC. ADOPTION APPLICATION

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

Phone: 508-875-3776 / Email: [mwhspaw@yahoo.com](mailto:mwhspaw@yahoo.com)

Application Date: \_\_\_\_\_

Please answer each question completely. The information you provide helps us determine if the adoption is in the pet's best interest and to assist you in finding a pet most compatible with your lifestyle. We believe our primary responsibility is the welfare of the animals in our care. Please understand that as experienced adoption counselors, we may deny your application without explanation should it not meet MWHS policies. All decisions are final. Please email this completed application to MWHS at [MWHSpaw@yahoo.com](mailto:MWHSpaw@yahoo.com).

### To be considered for an adoption, you must:

- 1. Be at least 21 years of age – Valid ID required.
- 2. If renting, have your landlord's consent to bring an animal into your home. A copy of your lease is required.
- 3. Have the consent of all adults living in your household.
- 4. If you own, provide either a mortgage statement, tax bill or water bill as proof of ownership.

### Please print legibly!

Have you adopted from MWHS previously?  Yes  No If so, when? \_\_\_\_\_

If adopted previously, do you still have the pet?  Yes  No  N/A

Have you ever brought an animal to a shelter?  Yes  No If yes, why? \_\_\_\_\_

Have you ever lost, given away or surrendered a pet?  Yes  No If yes, why? \_\_\_\_\_

PERSONAL INFORMATION	
Name:	Email:
Street:	Town/City, Zip:
Home phone:	Cell phone:
	Spouse/Partner Name:
Occupation:	Occupation:
Employer Name:	Employer Name:
Employer Address:	Employer Address:
Work phone:	Work phone:

HOUSEHOLD INFORMATION
Do you live in: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Mobile Home <input type="checkbox"/> Dorm <input type="checkbox"/> With parents
Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent How long at this address? _____ Do you plan to move within six months? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you move, will you take your pet(s) with you? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
If renting, please provide name, address and phone of landlord. We cannot adopt an animal without landlord's approval.
The following best describes your home: <input type="checkbox"/> Grand central station <input type="checkbox"/> Some activity <input type="checkbox"/> Quiet/calm
Please list all people living with you (identify ages of children under 21):
Are you adopting for: <input type="checkbox"/> Yourself <input type="checkbox"/> Another member of the family <input type="checkbox"/> Gift for someone
Please indicate reason(s) for adoption: <input type="checkbox"/> Family pet <input type="checkbox"/> Mouser <input type="checkbox"/> Breeding <input type="checkbox"/> Companion for another pet in household
Have you ever had your cats declawed? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you plan to declaw your pet? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Do you or anyone in your household have any known allergies to animals? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to allergies, which species? _____ Please describe how severe: _____
Do you travel a great deal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how will you provide for your pet while away?
Do you have a plan for pet care if you are temporarily unable to do so? <input type="checkbox"/> Yes <input type="checkbox"/> No
How many hours during the day will the pet be without human companionship?

VETERINARY CARE
Yearly veterinary care for a cat averages \$500-\$1000. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Considering cats may live longer than 15 years, are you willing to commit to caring for this pet for this amount of time? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do we have permission to call your veterinarian to discuss medical issues of current or past pet(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide the name, address and phone number of your veterinarian:

CAT CHARACTERISTICS	
Where will pet be kept?	<input type="checkbox"/> Indoor only <input type="checkbox"/> Outdoor only <input type="checkbox"/> Indoor/Outdoor <input type="checkbox"/> Don't know
Age of pet desired?	<input type="checkbox"/> 8-16 weeks <input type="checkbox"/> 4-12 months <input type="checkbox"/> 1-3 years <input type="checkbox"/> 5-8 years <input type="checkbox"/> No preference <input type="checkbox"/> I have a soft spot for seniors <input type="checkbox"/> I want to adopt a hard-to-place cat
Fur type?	<input type="checkbox"/> Short hair <input type="checkbox"/> Medium hair <input type="checkbox"/> Long hair <input type="checkbox"/> No preference
Gender?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No preference
Other special characteristics:	<input type="checkbox"/> Declawed <input type="checkbox"/> Lap cat <input type="checkbox"/> Feisty <input type="checkbox"/> Mouser <input type="checkbox"/> Affectionate <input type="checkbox"/> Independent
Do you plan to let your cat have kittens?	<input type="checkbox"/> Yes <input type="checkbox"/> No Why?

Under what circumstances would you NOT keep your pet?

Divorce  Illness in the family  Moving  New baby  New job  Housebreaking problems  
 Destructive behavior  Biting/scratching  Fleas  Allergies  Shedding  Conflicts with children  
 Conflicts with other pets  Animal becomes ill  High veterinary costs  None of the above  
 Other (please explain):

LIST OF CURRENT PETS IN THE HOUSEHOLD									
	Name	Species	Sex	Kept where?	Age	Spayed/ Neutered?	Current on vaccinations?	Leukemia tested? Results?	FIV tested? Results?
1.									
2.									
3.									
4.									

LIST OF PETS OWNED WITHIN THE LAST 10 YEARS OTHER THAN THOSE LISTED ABOVE					
	Name	Species	Age	Spayed/Neutered	What happened to pet?
1.					
2.					
3.					
4.					
5.					
6.					

If the veterinarian for these pets was different than the one above, please provide name and phone number:

- Do you have any topics you would like to cover with us today?  Litter box training  Indoor/outdoor  
 Scratching furniture  Vaccines  Diet  Declawing  Introducing to another animal  
 Cats and Children  If your cat escapes

The information I have provided is true and factual. I give MWHS permission to contact my employer, veterinarian, and/or my landlord to verify my statements. I understand that misrepresentation or omission of facts is cause for denial of this application or return of adopted pet(s). I understand all adoption fees or money received as a hold on a particular cat are non-refundable. In addition, I agree to return any adopted pet(s) to MWHS if I feel I can no longer care for the pet(s) no matter how long I have had them.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR SHELTER USE ONLY:**

Adoption Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Denied Reason: \_\_\_\_\_

Animal(s) Adopted:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Remarks: