

Adoption Program

Application

OUR ADOPTION FEES:

- Kitten (8 wks-1 yr): \$200
 - Adult (1-9 yrs): \$125
 - Senior (10 yrs+): \$50
 - Special Needs: \$50
 - CareforLife: \$50
 - Seniors for Seniors (persons over 60, cats over 5): \$0
- Discounts available for multiple cats/kittens.

OUR CATS COME WITH A MINIMUM OF \$500+ WORTH OF VET CARE, INCLUDING:

- Vet exam
- Spay or neuter surgery
- Rabies vaccination
- FVCRP vaccination as appropriate
- Treatment for internal and external parasites
- Test for FeLV (for kittens under 6 mos.) or for FIV/ FeLV (kittens and cats over 6 mos.)

The MRFRS is a nationally recognized, non-profit volunteer organization committed to ensuring the health and welfare of feral and domestic cats and kittens by promoting pro-active, compassionate, no-kill programs.

63 Elm Street (Route 110)
Salisbury, MA 01952
phone: 978-462-0760
fax: 978-463-6826
info@mrfrs.org
www.mrfrs.org



Cats On Hold/ID#s

Approved Denied
Date: _____ By: _____

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

Email: _____ Occupation: _____

Alternate Contact (name/phone/e-mail): _____

I am interested in adopting/meeting (please list any specific name/breed/gender):

*Please answer ALL of the following questions (front & back) by circling or filling in an answer. These questions will help us find the right cat for you!

1. Are you able to make a lifetime commitment to caring for a cat? (A cat's life span can be as long as 20 years) Yes / No / Unsure
2. Do all the members of the household know you plan to adopt? Yes / No / Unsure
3. Are you over 18? Yes / No

*If you are under 18 please provide the following:

Guardian's Name: _____ Phone Number: _____

4. Do you own your home? Yes / No

Note: If you are living with parents or relatives you are to be considered renting. If your rent or board please provide the following:

Landlord's Name: _____ Phone Number _____

5. How many adults in your household? ____ And Children/Ages? _____

6. Rate your household's activity level on a scale from 1-5 (1 being like a library and 5 being like a circus): 1 2 3 4 5

7. Who will be the cat's primary caretaker? _____

8. How many hours a day will your cat spend alone?

A. 0-2 hours B. 2-4 hours C. 4-6 hours D. 6-8 hours E. 8+ hours

9. I plan to have my cat be:

A. Strictly indoors B. Strictly outdoors C. Indoor/Outdoor D. Unsure

10. Do you plan to declaw your cat? Yes / No / Unsure

11. If you move, will you take your cat with you? Yes / No / Unsure

12. About how much do you think vet care costs annually?

A. \$50 B. \$250 C. \$500+ D. I will take my cat if he/she is in need of care, but not necessarily on a yearly basis. E. I don't plan on taking my cat to the vet.

13. Are you aware that up to date rabies vaccinations are required by law in MA and NH whether your cat lives inside or outside? Yes / No / Unsure

-PLEASE TURN OVER-

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14. What will you do if your cat goes to the bathroom outside the litter box?
A. Change type of litter and/or type of box B. Clean litter box more frequently C. Seek out professional advice D. Take cat to the vet
E. Return cat to shelter F. Other: _____
15. Is there a separate room where your new cat can get acclimated to your house?
Yes / No / Unsure
16. How long do you expect it to take for a new cat to adjust to your home?
A. A few days B. One to two weeks C. At least a month D. Several months
17. Please tell us about any arrangements you've made for emergency care for your pets in the event you are unable to care for them: _____

18. Have you adopted from MRFRS before? Yes / No / Not sure
19. Have you ever had to give up a pet? Yes / No / Not sure
20. Have you previously or do you presently have a pet? Yes / No
21. Please provide information about the pets you have had in the past 5 years:
1. Name: _____ Age: _____ Species: _____
Deceased? Yes / No / Unsure Cause? _____
Spayed or Neutered? Yes / No / Unsure Declawed? Yes / No
2. Name: _____ Age: _____ Species: _____
Deceased? Yes / No / Unsure Cause? _____
Spayed or Neutered? Yes / No / Unsure Declawed? Yes / No
3. Name: _____ Age: _____ Species: _____
Deceased? Yes / No / Unsure Cause? _____
Spayed or Neutered? Yes / No / Unsure Declawed? Yes / No
4. Name: _____ Age: _____ Species: _____
Deceased? Yes / No / Unsure Cause? _____
Spayed or Neutered? Yes / No / Unsure Declawed? Yes / No

VETERINARY INFORMATION:

The veterinary hospital I currently use, or plan to use is: _____
My vet's name is: _____ Location: _____
Contact information (phone/e-mail): _____

***MRFRS staff are happy to suggest local veterinary options!**

I hereby declare the information I have provided is true.
I understand that any misrepresentation of the facts may result in my losing adoption privileges.

Signature: _____ Date: _____

***Please note: MRFRS reserves the right to deny any application without explanation. All decisions are final.**