

Adoption Program

Application

Please fill out to the best of your ability. DO NOT WRITE IN SHADED AREAS.

If there is a kitty that interests you, for a \$25 deposit you may place a 48-hour hold on him or her while your application is being processed. If your application is denied your deposit will be returned to you. However, if you cancel your application you will not be entitled to a refund. Please speak to an adoption counselor for details on the hold policy.

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: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____
Work Phone: _____ May we call you at work? yes / no
Cell Phone: _____
Email: _____
Occupation: _____

Do all the members of the household know you plan to adopt? yes / no
Are you over 18? yes / no *If you are under 18 please provide the following:

Guardian's Name: _____
Guardian's Phone Number: _____

Do you own your home? _____

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: _____
Landlord's Phone Number: _____

Cats Allowed Cats NOT Allowed
Notes: _____

How many adults in your household? _____ Children? _____

If so, what are the children's ages? _____

Is anyone in your household allergic to cats? yes / no / not sure

Who will be the cat's primary caretaker? _____

How many hours a day will your cat spend alone? _____

Will your cat be allowed outdoors? yes / no / not sure

Will you declaw your cat? yes / no / not sure

If you move, will you take your cat with you? yes / no / not sure

Can you afford medical care, including yearly vaccination updates? yes / no / not sure

What will you do if your cat scratches the furniture?

What will you do if your cat bites or scratches someone?

Where will your kitty spend his or her day?

Have you adopted from MRFRS before? yes / no / not sure

Have you ever surrendered a cat to MRFRS? yes / no / not sure

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The Merrimack River Feline Rescue Society

Caring for Cats in Need

Have you previously or do you presently have a pet? yes / no / not sure
Please provide information about the pets you have had in the past 5 years:

Name: _____ Species: _____

Deceased? yes / no Cause? _____

Name: _____ Species: _____

Deceased? yes / no Cause? _____

Name: _____ Species: _____

Deceased? yes / no Cause? _____

Name: _____ Species: _____

Deceased? yes / no Cause? _____

Veterinarian's Name: _____

Location: _____ Phone: _____

Notes: _____

Please provide three references (friends, neighbors, coworkers, ect.). These people should not be related to you and should have known you for at least one year.

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Reference #1 Notes: _____

Reference #2 Notes: _____

Reference #3 Notes: _____

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

Signature: _____

Date: _____

MRFRS reserves the right to deny any application without explanation. All decisions are final.