

Adoption Program

Application

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



The Merrimack River
Feline Rescue Society
Caring for Cats in Need

Cats On Hold/ID#s

Approved Denied

Date: _____ By: _____

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____ May we call you at work? yes / no

Cell Phone: _____

Email: _____

Occupation: _____

What kind of cat are you looking for? _____

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: _____

For Office Use Only

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

-please turn over -

Adoption Program

Application

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

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?

Will you bring your newly adopted pet to the vet annually?

How much do you think annual vet care costs?

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

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

Have you previously or do you presently have a pet? yes / no

Please provide information about the pets you have had in the past 3 years:

Name: _____ Species: _____

Deceased? yes / no Cause? _____

Spayed or Neutered? yes / no Declawed? yes / no

Name: _____ Species: _____

Deceased? yes / no Cause? _____

Spayed or Neutered? yes / no Declawed? yes / no

Name: _____ Species: _____

Deceased? yes / no Cause? _____

Spayed or Neutered? yes / no Declawed? yes / no

Name: _____ Species: _____

Deceased? yes / no Cause? _____

Spayed or Neutered? yes / no Declawed? yes / no

Veterinarian's Name: _____

Location: _____ Phone: _____

For Office Use Only

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.