Cat Adoption Form

The goal of our Adoption program is to find permanent, loving responsible homes for Island animals in the care of the Animal Shelter of Martha’s Vineyard. We try to find a match that considers not only the best interests of the animal, but those of potential owners.

The day you take home a new pet is the day you begin a special friendship. While you’ll have many years together, your pet will never outgrow his or her need for you. Our staff is here today and for the life of your pet, to provide information and advance on pet care and responsibility,

Name____________________________________________________________

Mailing Address: ___________________Physical Address:__________________
City___________________________State_______Zip___________

Home Phone: ________________Cell Phone ________________________
Where do you work?_____________________________________________
Work phone including area code____________________________________

Email (please print clearly)________________________________________

Do you: (circle one) Own Rent
Apartment House Condo Mobile Home Other

Landlord’s name (if applicable)_______________________________________
Landlord’s phone ____________________________________________

How did you hear about the Animal Shelter of Martha’s Vineyard?__________________

____________________________________________________________________

Please provide the following information about your household:

How many adults? _____ How many children? __________ Ages of children ______

Does any member of your household have allergies to animals. Yes No

What animals have you owned in the past five years?

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<th>Name</th>
<th>Type of Animal</th>
<th>Age</th>
<th>Sex</th>
<th>Still own?</th>
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Your veterinarian: Name ___________________________ Town____________________

Do you understand that all animals adopted from us must be spayed or neutered? Yes No

Animal Shelter of MV
One Pennywise Path
PO Box 1829
508-627-8662
Edgartown, MA 02539

Cat Name: _____________________ Date________
Your new cat could live longer than 15 years.

Please tell us why you would like to adopt a cat?

Will this cat be kept (please circle) indoors outdoors both

An MV Shelter staff member will discuss the following:

Adjustment to new home
Health/veterinary care
Expense
Identification
Exercise
Feeding
Litterbox use

Problems with
Scratching
Biting
Staying off furniture
Chewing plants

Please write any other questions or concerns you may have:

______________________________________________________________________
______________________________________________________________________

ASMV makes no guarantees or statements regarding the cat’s age, breed, health or temperament. While ASMV has made every effort to provide an accurate history and assessment of the cat, ASMV is not able to guarantee the cat’s age, breed, medical status or history, behavior or disposition. Adopter hereby releases ASMV and its employees, directors, representatives, predecessors, successors, and assigns of any and all possible claims arising from injury or damage caused by the cat to the any person or property or relating to the health of temperament of the cat, including any expenses related thereto. Adopter accepts this cat as is without warranty and with all defects, either observable or unobservable, and assumes all risk for the cat upon signing of this adoption application.

By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of facts may result in my losing the privilege of adopting a
I understand that the ASMV has the right to deny my request to adopt any animal and I authorize investigation of all statements in this application.

Signature: __________________________________________
Date____________________________

Office Use Only:
Animal Shelter Staff Member: __________ Animal Name __________
ASM ID #___________ Approved Denied Reason____________
Landlord Contact: Date ______ Comments___________________________