

**ANIMAL RESCUE MERRIMACK VALLEY  
(ARMV)**

P.O Box 8006  
Bradford, MA 01835

tel.: 978-374-SAFE (7233)  
web: [www.armv.org](http://www.armv.org)  
e-mail: [adoptions@armv.org](mailto:adoptions@armv.org)

***For ARMV Internal Use Only***

Animal Name	_____
ARMV No.	_____
Microchip No.	_____
Animal Name	_____
ARMV No.	_____
Microchip No.	_____
Cash:	_____
Check:	_____

**Adoption Application**

*The information you provide in this application will help us to find a good match for you.  
Please answer all questions completely. Failure to do so will delay the adoption process.*

Name(s) of applicant(s)	_____	Date	_____
Street Address	_____	Apartment	_____
City	_____	State	_____
	_____	Zip Code	_____
e-mail address	_____	Day Phone	_____
	_____	Evening Phone	_____
Occupation	_____	Are you over 18 years of age:	yes; no
How did you hear about us	_____		

*Please check all that apply*

Why do you want to adopt a cat/kitten?	Family pet; Companion for pet; Gift; Barn Cat; Mouser
Do you have a preference as to the type of cat?	_____
	Male; Female; Kitten; Adult; Short Hair; Long Hair; Specific color or Breed ( <i>describe</i> )

Is this your first experience as a pet owner?	Yes; No
Who is this cat/kitten for?	Self; Spouse; Children; Whole Family; Other ( <i>who?</i> )
Do you intend to declaw this cat/kitten?	Yes; No
Will this cat/kitten be allowed outdoors?	Yes; No
Have you ever surrendered a cat to a shelter?	Yes; No
	If yes, please explain (when & reason)
Have you ever adopted from a shelter before?	Yes; No
	Name of shelter
	_____
If yes, do you still have the cat?	Yes; No

If no, what happened to the cat and when? \_\_\_\_\_

Do you currently have any cats? \_\_\_\_\_

Yes; No

How many? \_\_\_\_\_

How long have you had them? \_\_\_\_\_

Are they allowed outdoors? Yes; No

Are they declawed? Yes; No

Are they spayed/  
neutered? Yes; No

Are they up-to-date on  
vaccinations? Yes; No

Do you currently have any dogs? Yes; No

Are they accustomed to cats? Yes; No

How long have you owned them? \_\_\_\_\_

What is the breed(s)? \_\_\_\_\_

What is your veterinarian's name? \_\_\_\_\_

Phone No. \_\_\_\_\_

May we contact them? Yes; No

***If no, we will need a record of your current pet(s)'s vaccines***

Number of people in your household: Adults \_\_\_\_\_ Children \_\_\_\_\_ Ages of children: \_\_\_\_\_

Do you rent or own your home? Rent \_\_\_\_\_ Own \_\_\_\_\_ *If you are living with parents or relatives, you are considered to be renting*

Landlord's name \_\_\_\_\_ Phone number \_\_\_\_\_

Does your landlord allow pets? Yes; No \_\_\_\_\_ Any restrictions? \_\_\_\_\_

How long have you lived at your present address: \_\_\_\_\_

If you must move, will you take your pet with you? Yes; No \_\_\_\_\_

What will you do if your cat scratches your furniture? \_\_\_\_\_

What will you do if you cat scratches or bites someone? \_\_\_\_\_

How will your new cat/kitten spend their days? Indoors; Outdoors; Crated; Basement; Garage  
Porch; Barn; Locked Room; Other (*please specify*) \_\_\_\_\_

How many hours a day will your cat spend without human companionship? \_\_\_\_\_

Will you agree to return the cat(s) to the ARMV if ever you are unable to keep or care for it/ them? Yes; No \_\_\_\_\_

Can you provide a home for your pet's entire lifetime, which could be 15 years or more? Yes; No \_\_\_\_\_

If your pet should become ill, can you afford to provide professional veterinary care, within reason? Yes; No \_\_\_\_\_

Do you agree to provide vaccination updates as needed? Yes; No \_\_\_\_\_

**References** (*Please provide 3 references not related to you who have known you at least 3 years and are over age 18.*)

Name _____	Relationship _____
E-mail Address _____	
Day Phone _____	Evening Phone _____
Name _____	Relationship _____
E-mail Address _____	
Day Phone _____	Evening Phone _____
Name _____	Relationship _____
E-mail Address _____	
Day Phone _____	Evening Phone _____

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Applicant Signature _____	Date: _____
Co-Applicant Signature _____	Date: _____