



EDUCATION.
RESCUE.
RESPONSIBILITIES

**ANIMAL RESCUE MERRIMACK VALLEY
(ARMV)**

P.O Box 8006
Bradford, MA 01835

tel.: 978-374-SAFE (7233)
web: www.armv.org
e-mail: adoption@armv.org

For ARMV Internal Use Only

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

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:	<input type="checkbox"/> yes; <input type="checkbox"/> no	
How did you hear about us	_____			

Please check all that apply

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

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

Do you currently have any cats?	<input type="checkbox"/> Yes; <input type="checkbox"/> No	How many? _____	How long have you had them? _____
Are they allowed outdoors?	<input type="checkbox"/> Yes; <input type="checkbox"/> No	Are they declawed?	<input type="checkbox"/> Yes; <input type="checkbox"/> No
Are they spayed/neutered?	<input type="checkbox"/> Yes; <input type="checkbox"/> No	Are they up-to-date on vaccinations?	<input type="checkbox"/> Yes; <input type="checkbox"/> No
Do you currently have any dogs?	<input type="checkbox"/> Yes; <input type="checkbox"/> No	Are they accustomed to cats?	<input type="checkbox"/> Yes; <input type="checkbox"/> No
How long have you owned them?	_____		
What is your veterinarian's name?	_____		What is the breed(s)? _____
_____			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	_____

Applicant Signature _____ Date: _____

Co-Applicant Signature _____ Date: _____