



ANIMAL RESCUE MERRIMACK VALLEY

P.O. Box 8006 • Bradford, MA 01835
978-374-SAFE (7233)
adoption@armv.org • www.armv.org

Adoption Application

Date Submitted: _____

App ID: _____

ARMV Use Only					
Animal Name		ARMV #	Microchip #	Payment	
1				Cash	\$
2				Check	\$
3				Credit	\$
4				Total	\$

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.

Applicant:		Co-Applicant:			
Address:		Apt#:	Phone:		
City:	State:	Zip Code:	Secondary Phone:		
Email:	Occupation:	How did you hear about us?	Are you over 18? ☐ Yes ☐ No		

Which of our cats are you most interested in?	Do you have a preferred COLOR or BREED?	
Which types of cats are you interested in? (Please check all that apply) ☐ Male ☐ Female ☐ Short Hair ☐ Long Hair ☐ Kitten ☐ Adult ☐ Senior		
Which PERSONALITY traits are important to you? (Please check all that apply) ☐ Affectionate ☐ Independent ☐ Calm ☐ Playful ☐ Good with Cats ☐ Good with Dogs ☐ Good with Kids ☐ No Preference ☐ Other:		
Why do you want to adopt a cat? (Please check all that apply) ☐ Family Pet ☐ Barn Cat ☐ Mouser ☐ Gift ☐ Companion for Other Pet ☐ Other:		
Who is this cat for? (Please check all that apply) ☐ Myself ☐ Partner/Spouse ☐ Children ☐ Other:		
Is this your first experience as a pet owner? ☐ Yes ☐ No	Will this cat be allowed outdoors? ☐ Yes ☐ No	Do you intend to declaw this cat? ☐ Yes ☐ No

Have you adopted from a shelter before? ☐ Yes ☐ No	If YES - which shelter?
Do you still have them? ☐ Yes ☐ No	If NO, what happened to the cat, and when?
Have you ever surrendered a pet to a shelter? ☐ Yes ☐ No	If YES, please explain. (When and Why?)

Number of cats in home:	Years in home:	Ages:
Any allowed outdoors? ☐ Yes ☐ No	All spayed/neutered? ☐ Yes ☐ No	
All vaccinated? ☐ Yes ☐ No	Any declawed? ☐ Yes ☐ No	
Please explain medical conditions and intact/unvaccinated/declawed status of other cat(s) in your home.		

Number of dogs in home:	Years in home:	Ages:
Breed(s):		All OK with cats? ☐ Yes ☐ No

Who is your veterinarian?	Vet's Phone #:
May we contact them? (if NO, we will need a record of your current pet(s) vaccines.)	☐ Yes ☐ No

Number of adults in home:	Number of children in home:
Ages of children:	How long have you lived at your present address?

Do you rent or own your home? ☐ Rent ☐ Own	Does your landlord allow pets? ☐ Yes ☐ No
Landlord's name:	Landlord's Phone:

Where will your new cat spend their days? ☐ Indoors ☐ Outdoors ☐ Crate ☐ Basement ☐ Garage ☐ Porch ☐ Barn ☐ Locked Room ☐ Other :	(Please check all that apply)
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What will you do if your cat scratches your furniture?		
What will you do if your cat scratches or bites someone?		
How many hours per day without human companionship?	If you must move, will you take your cat with you? ☐ Yes ☐ No	Will you return them to ARMV if you are ever unable to care for them? ☐ Yes ☐ No
Can you provide a home for their entire lifetime, which could be 15 years or more? ☐ Yes ☐ No	Can you afford veterinary care if needed? ☐ 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.)

1	Name:	Phone:
Relationship:		Email:
2	Name:	Phone:
Relationship:		Email:
3	Name:	Phone:
Relationship:		Email:

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