

CAT ADOPTION APPLICATION



SCITUATE ANIMAL SHELTER • (401) 647-7200 • FAX (401) 764-5768
PHYSICAL ADDRESS: 106 George Washington Highway, Clayville, RI
MAIL ADDRESS: Scituate Animal Shelter, PO Box 4, Clayville RI 02815



PLEASE NOTE! The PDF version of this form can be completed digitally and emailed back to the volunteer who sent it to be submitted on your behalf, or to Scituatepound1@juno.com. If you send the form to the shelter email, please follow up with a phone call to be sure we download your application. **Only Scituate Animal Control can approve adoptions.**

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Please indicate if you are interested in a particular cat or kitten: Name or log no. _____

Will this cat be an: Indoor Cat Outdoor Cat Indoor/Outdoor Cat

Have you previously owned a cat? Yes No

If yes, where is it now? _____

Do you: Own a home Rent Live with parents Other

Name and phone of landlord/homeowner (if applicable): _____

Are there other animals in the home? Yes No If yes, how many?: Dogs: _____ Cats: _____

Are your other animals spayed/neutered? Yes No Are they current on vaccinations? Yes No

Name/phone of your current/previous veterinarian (if you have other pets, name and number of the vet who most recently vaccinated your pets): _____

PLEASE NOTE! Many vets now extend privacy protection to their clients, and will not provide information unless you give them permission to do so. It will save time if you call your vet first and grant permission to speak to us.

Do you plan on having the cat declawed? Yes No

Are there children in the home? Yes No If yes, please provide their ages: _____

Do you agree to follow-up calls/visits from shelter personnel (or their representatives)? Yes No

- I understand that cats need a consistent schedule of vaccinations, de-fleaing and de-worming, and that the average life expectancy of an outdoor cat is significantly less than that of an indoor cat.
- I understand that Scituate Animal Control has the right to deny any application.
- I understand that Scituate Animal Control reserves the right to confiscate any animal involved if any information on this application is found to be false.
- I understand that shelter animals have unknown medical backgrounds, and Scituate Animal Shelter cannot guarantee the health or behavior characteristics of an adopted animal.

Signature: _____ Date: _____

PDF USERS: IF YOU ARE HAVING PROBLEMS INSERTING A DIGITAL SIGNATURE, YOU MAY SIGN THE FORM WHEN YOU VISIT THE SHELTER. 0417

SCITUATE ANIMAL CONTROL, SCITUATE POLICE DEPARTMENT, 116 MAIN STREET, HOPE, RI 02831