

Maine Coast Animal Rescue c/o Blake Veterinary Hospital
P.O. box 670 • lincolNville beach, Maine 04849
(207)789-5700 email: blakevet@hotmail.com
Website: www.blakevet.com

CAT Foster/Adoption Application

Feline(s) name applying to adopt: _____

Applicant's Name _____ Date ____/____/____

Name of spouse or other adult(s) living in the home _____

Physical Address _____

City / Town of Residence _____ State _____ ZIP _____

How long have you lived at this address? _____ years _____ months

Mailing Address (if different than above) _____

Home Phone _____ Work Phone _____

In helping us decide if you and the animal you have chosen are well suited for one another, please answer the following questions truthfully and to the best of your ability. If follow-up investigation after you have adopted an animal from MCAR INDICATES THAT ANY OF YOUR ANSWERS WERE FALSE, YOU MAY HAVE TO SURRENDER THE ANIMAL BACK TO US, AS WELL AS PAY OUR COSTS OF ENFORCING THE TERMS OF THE ADOPTION CONTRACT.

1. Name of Employer _____

2. Do you own your own home? YES NO

3. Do you rent? YES NO

Landlord's Name _____

Landlord's Phone Number _____

4. Do you currently own any pets? YES NO

If YES, please list type(s) and ages _____

Please list animals' names: _____

Who is your veterinarian now? _____

5. Have you ever owned pets in the past? YES NO

If YES, please list type and explain what happened to them.

Please list animals' names: _____

Who was your veterinarian in the past? _____

6. For what purpose do you want to adopt this cat? Circle all that apply:

COMPANION FAMILY PET BARN CAT MOUSER CHILD'S PET

COMPANION FOR OTHER PET OTHER _____

7. Do you plan to have this cat declawed? YES NO

8. Will the cat be an? INSIDE PET OUTSIDE PET INSIDE & OUTSIDE PET

9. How many children are living in the home? _____ Ages? _____
10. Is any member of your household allergic to cats? YES NO
11. Does every member in your household know you are adopting a cat? YES NO
12. Who will be responsible for the care of the cat? _____
13. What do you plan on doing with the cat if you have to move? _____
14. What will you do with your cat when you go on vacation? _____
15. If you do not have a veterinarian now, who will you be setting up an account with? _____
16. Have you adopted or applied to adopt from a shelter before? YES NO
If YES, shelter name _____ location _____

How did you learn about our shelter? _____

17. After you have adopted a cat, will you allow a representative from MCAR to visit your home and inspect the animal and his/her facilities? YES NO
If NO, why not? _____

18. REFERENCES:
May we call your veterinarian for a reference? YES NO Phone Number? _____
If NO, why not? _____

Personal Reference #1 (**NOT** related) _____

Phone Number _____

Personal Reference #2 (**NOT** related) _____

Phone Number _____

19. Are you prepared to manage the cost and care involved in keeping this companion, no matter what medical condition(s) may arise in the future? YES NO
20. If you find that you cannot afford to keep this pet, are you willing to relinquish the pet back to MCAR to receive the medical care it may need. YES NO

When cats are outside for an extended period of time, they must be sheltered from inclement weather, including prolonged exposure to cold, heat, and direct sunlight. They should never be allowed to run loose, for their own safety and that of the community.

By signing below you are committing to check-ups and vaccinations required by your veterinarian.
PLEASE TAKE NOTICE WHEN RABIES AND OTHER VACCINATIONS ARE DUE.

If there is a time when you cannot keep this pet, PLEASE inform us of reason and/or circumstances.
We will do our best to take the cat back, providing we have room and are able to care for the cat.

SIGNATURE of applicant (adult guardian, if under 18) _____

Printed name of person signing _____