9+9

| Thank you for your interest in adopting a rescue pet! Please complete this form which serves to assist you, as well as BSAC, in selecting the pet that is most suitable for you, your family, your lifestyle and the pet. We are seeking FOREVER homes, so please consider all aspects of pet adoption before taking on this responsibility. BSAC, Inc. reserves the right to refuse adoption to any applicant. | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Eligibility for this wonderful privilege includes:   1. Age of 18 or older with a current I.D. showing your present address. 2. Proof of residence ownership (ex. current utility bill) 3. Landlord’s name and phone number **(inform them we will be calling)** 4. Your veterinarian’s name and phone number **(inform them we will be calling)** 5. Three reference names and phone numbers **(inform them we will be calling)** 6. **B**e able and willing to spend the time and money necessary to provide medical treatment and proper care for your new pet along with existing pets. | | | | | | | | | | |
| Pre-Adoption Questionnaire Instructions: Click boxes to enter your responses. Boxes will expand to accommodate your text. | | | | | | | | | | |
| Cat(s) Name(s): | | | | ID #(#’s) | | | | | | |
| About you and your family | |  | | | | | |  | | |
| Name | | Names of other adults in the home: | | | | | | Number and ages of children in the home: | | |
| Address | | City | | | | | | State/zip code | | |
| Home phone | | Cell phone | | | | | | Email | | |
| Occupation | | Employer | | | | | | Work phone | | |
| Type of dwelling: ☐house ☐apartment ☐condo ☐mobile home | | | | | | | Do you: ☐own ☐rent ☐live with parents | | | |
| Landlord’s or parent name if you rent or live with your parents: | | Landlord’s phone number: | | | | How long have you lived at this address? | | | | |
| Is this your: ☐permanent address ☐temporary address | | | | | | Are you planning on moving in the near future? ☐yes ☐no | | | | |
| About your current/former animals | | | | | | | | | | |
| List your current/former pets | |  | | | | | |  | | |
| Cat(s)/dog(s) | Breed(s) | Sex (es) | Age(s) | | How long owned? | | | | | What happened to them? |
| If you currently have pets are they: ☐indoor only ☐indoor/outdoor ☐outdoor only | | | | | | | | | Do you have a pet door? ☐yes ☐no | |
| Are your current pets spayed or neutered? ☐yes ☐no  If not, why? | | | | Are your current pets up to date on vaccines? ☐yes ☐no  If not, why? | | | | | | |
| Do you have a regular veterinarian?  ☐yes ☐no | | | | Name and phone number of vet/clinic: | | | | | | |
| Adoption Information | | | | | | | | | | |
| My primary reason for adopting this cat …. | | | | What attracted you to this particular cat? | | | | | | |
| Is anyone in your house allergic to cats?  ☐yes ☐no | | | | Who will be primarily responsible for the care and supervision of this pet? | | | | | | |
| Who are you adopting this pet for? ☐self ☐child(ren) ☐gift ☐friend for another pet ☐other | | | | | | | | | | |
| Will your cat live: ☐indoors ☐outdoors ☐indoor/outdoor | | | | | | | | | | |
| Where will this cat be during the day? | | | | Where will this cat be during the night? | | | | | | |

| Adoption application continued .  List 3 references who can attest to your desire to adopt a new pet, your past commitment to your pets, your family environment: include the person(s) who will care for your cat if you are away.  1.      phone #  2.      phone #  3.      phone # | | | |
| --- | --- | --- | --- |
| How many hours during the day will this cat spend without a human? | | | |
| What will happen to the cat when you go on vacation or have to travel for business, etc. ? | | | |
| Do you currently have a declawed cat or have you ever owned a declawed cat in the past? ☐yes ☐no | | | |
| If yes, are you aware of the potential side effects of declawing a cat? ☐yes ☐no | | | |
| Are you prepared to accept the cost of a new cat in your home? ☐yes ☐no  (regular vet check ups, vaccines, food, shelter, emergencies) | | | |
| Many rescue animals have unknown medical histories, are you prepared to provide and pay for any necessary medical treatment that may occur in the future? ☐yes ☐no | | | |
| Cats can live 15-20 years+. Are you willing to take responsibility for this cat for its lifetime ? ☐yes ☐no | | | |
| Have you considered the following possible life changes and how you would handle them? (moving, having children, teenagers leaving for college, changes in lifestyle, financial commitment) ☐yes ☐no | | | |
| If you need to separate this cat from existing pets are you prepared to do this? ☐yes ☐no | | | |
| Do all members of your household understand that it takes time for a cat to adjust to its new environment? ☐yes ☐no | | | |
| Are you willing to spend the time and effort helping this cat adjust to your home and lifestyle? ☐yes ☐no | | | |
| Under what circumstances would you not keep this cat? | | | |
| If the cat became destructive what would you do? | | What will happen to this cat if you need to move? | |
| Have you ever had to give up or re-home an animal? ☐yes ☐no | | | If yes, why? |
| Have you ever surrendered a pet to a shelter? ☐yes ☐no | | | If yes, why? |
| Have you ever adopted from Bay State Animal Cooperative? ☐yes ☐no | If yes, do you still have the cat?  ☐yes ☐no | | If you no longer have the cat, what happened to it? |
| Do you understand and agree that we may do a home visit prior to or after your adoption to check on the cat(s)? ☐yes ☐no | | | |

Thank you for considering adopting a new family member from Bay State Animal Cooperative, Inc. BSAC reserves the right to refuse adoption to anyone for any reason, and to confiscate any cat or kitten if this application is falsified. Prospective applicants who fail to provide accurate information on this application will not be approved to adopt a cat/kitten from BSAC, Inc.

I attest that all the information provided on this application is true and can be verified.

Applicant’s signature       Date:       ,   
**(Must be 18 years of age)**

**\*Fee Schedule: $175 Adoption fee/donation (spay/neuter certificate if applicable)**

**$135 adoption fee/donation plus $40 spay/neuter deposit**

**Please email completed application to:**[**info@baystateanimals.org**](mailto:info@baystateanimals.org)

**or mail to BSAC, Inc., PO Box 932, Norwood, MA 02062**

| For BSAC Representative use only | | | |
| --- | --- | --- | --- |
| To be completed by the BSAC Adoption Counselor | | Date: | |
| Volunteer name: | | Adoption location: | |
| Landlord approval: ☐yes ☐no  Veterinary Check: ☐yes ☐no  References approved: ☐yes ☐no | Adoption approval: ☐yes ☐no  Declined: ☐yes ☐no Explain: | | Notes: |

