Cat Name:	Date
Cat Ivaille.	Date



Animal Shelter of MV One Pennywise Path PO Box 1829 508-627-8662 Edgartown, MA 02539

## **Cat Adoption Form**



The goal of our Adoption program is to find permanent, loving responsible homes for Island animals in the care of the Animal Shelter of Martha's Vineyard. We try to find a match that considers not only the best interests of the animal, but those of potential owners.

The day you take home a new pet is the day you begin a special friendship. While you'll have many years together, your pet will never outgrow his or her need for you. Our staff is here today and for the life of your pet, to provide information and advance on pet care and responsibility,

Name					
Mailing Ad			Physical Address:		
City			State	Zip	
Home Pho	one:	(	Cell Phone		
Where do	you work?				
Work pho	ne including a	rea code			
Email (please p	rint clearly)_				
Do you: (circle or	ne) Own	Rent			
Apartmen	t House	Condo	Mobile Home	e Other	
Landlord's	s name (if app	licable)			<u>.</u>
La	ndlord's phon	e			
How did you hear					
Please provide th	e following inf	ormation ab	out your house	ehold:	
How many adults	? How	many childre	en?	Ages of o	children
Does any membe	er of your hous	sehold have	allergies to an	imals. Yes	No
What animals hav	ve you owned	in the past t	five years?		
Name_	Type of Anin	<u>nal</u> <u>Age</u>	<u>Sex</u>	Still ov	vn?
Your veterinarian: Name				Town	
Do you understar					

## Your new cat could live longer than 15 years.

Please tell us why you would like to adopt a cat?

Will this cat be kept (please circle) indoors outdoors both

An MV Shelter staff member will discuss the following:

Adjustment to new home

Health/veterinary car

Expense

Identification

Exercise

Feeding

Litterbox use

Problems with

Scratching

Biting

Staying off furniture

Chewing plants

Please write any other questions or concerns you may have:

ASMV makes no guarantees or statements regarding the cat's age, breed, health or temperament. While ASMV has made every effort to provide an accurate history and assessment of the cat, ASMV is not able to guarantee the cat's age, breed, medical status or history, behavior or disposition. Adopter hereby releases ASMV and its employees, directors, representatives, predecessors, successors, and assigns of any and all possible claims arising from injury or damage caused by the cat to the any person or property or relating to the health of temperament of the cat, including any expenses related thereto. Adopter accepts this cat as is without warranty and with all defects, either observable or unobservable, and assumes all risk for the cat upon signing of this adoption application.

By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of facts may result in my losing the privilege of adopting a

pet. I understand that the ASMV has the right to deny my request to adopt any animal						
and I authorize investigation of all statements in this application.						
Signature:						
Date						
Office Use Only: Animal Shelter Staff Member: Animal Name						
ASM ID # Approved Denied Reason						
Landlord Contact: Date Comments						