Angelcat Haven
Feline Rescue
www.angelcathaven.com

Mailing address: PO Box 2261, Plainville, MA 02762
Message Center call: 508-203-4240
FAX Applications to: 617-488-2239

Email applications & inquiries to:
cats@angelcathaven.com

Date rec'd: _____

Feline Adoption Application

Date: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ cell: _____
Email: _____
DOB: _____

Approved _____
Denied: _____
Paid: _____
Receipt #: _____
Date went home: _____
Comments:

Processing Applications:

Please note that applications may take upwards of 5 business days to process. Incomplete information on the application delays the process. Please complete all questions and provide all information requested to ensure proper processing of your application. Please email the address above with application status questions, rather than calling the message center.

For office use:
Vet:

Landlord:

Other:

How did you hear about Angelcat Haven? _____

I am interested in adopting (fill in cat name or circle choices below):
Name _____
OR
M / F / does not matter kitten / cat DSH / DLH / does not matter
Color preference: _____ or does not matter
Comments: _____
_____
Have you ever adopted from us before? _____Yes _____ No
****

Do you have other pets at home? ___ Yes ___ No

How many pets have you owned in the past 5 years? _____

Please complete the chart for all current and previously owned pets within the last 5 years.

Pet Name	Type/Breed	Age	Spayed/ Neutered	Licensed Y/N	Shots up to date	Currently own? Explain if no longer owned.

If no pets of your own, do you have any experience with animals? _____
_____

Vet clinic name: _____
Address: _____
Telephone #: _____

I _____ give Angelcat Haven permission to contact my vet for a reference and medical information on my existing or previous pets

Signature: _____ date: _____

Will the cat be an indoor or outdoor cat?
_____

Do you consider declawing a cat? ___ Yes ___ No
_____

Have you ever had a pet hit by a car (if so, explain): ___ Yes ___ No
_____

Do you have children at home? _____ If yes: How old are they: _____

Do all members of the household know about and want a new animal? ___ Yes ___ No

If no, please explain: _____

How many hours would the animal be alone during the day? _____

What is your occupation and how many hours are you out of the home specifically? _____
_____

Who is the animal for? _____Who will be the primary caregiver? _____

Why do you want a new cat or kitten? _____

We require a contacst person who can care for the pet in the event of any issues. Who would care for your cat in the event you cannot? Please provide their name, relationship to you, and phone number: _____
_____

Under what conditions would you consider giving up your cat or returning your cat to the rescue? _____
_____

****

Do you live in an: House apartment mobile home condo other: _____

Do you: own rent live w/ parents live w/roommates other: _____

If renting, does your lease allow pets? ___ Yes ___ No

If yes to above, please fill out landlord details below so we can contact …

Landlord's name: _____ Landlord's phone: _____

Can we come to your home to see where the animal will be living (not usually required)? ___ Yes ___ No

Other comments: _____
_____

Adoption fees are $250.00 for adults and $350.00 for kittens. All of our cats and kittens are spayed/neutered and current on vaccines prior to adoption.

Please be aware that all of our available cats have applicants trying to adopt them. Our goal is to find the best home for *each individual cat* based on what we feel is in the *cat's best interest*. This will ultimately disappoint some applicants. Thank you for understanding.

Approved by: _____ (Angelcat Haven representative) date: _____

Bounced Check Policy:
If the check that paid for the adoption fee bounces, I/we understand that this contract of adoption is null and void and that I/we will either pay the adoption fee via cash and all bounced check fees incurred by Angelcat Haven OR I/we will allow Angelcat Haven to repossess the feline adopted.

Signature: _____ Date: _____

Print Name: _____