

VOLUNTEER SERVICES FOR ANIMALS, EAST PROVIDENCE CHAPTER

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APPLICATION FOR ADOPTION

SPAY / NEUTER IS MANDATORY

ALL QUESTIONS MUST BE ANSWERED COMPLETELY

NAME OF APPLICANT _____ DATE _____

E-MAIL ADDRESS _____

STREET ADDRESS _____

CITY/TOWN _____ STATE _____ ZIP _____ HOME PHONE# _____

DATE OF BIRTH _____

EMPLOYER'S NAME _____ WORK PHONE# _____

DO YOU OWN? ___ # OF YEARS? ___ OR RENT ___ # OF YEARS @ THIS ADDRESS? ___

NAME OF LANDLORD _____ PHONE # _____

PREVIOUS ADDRESS _____ # OF YEARS AT THAT ADDRESS _____

OF ADULTS IN YOUR HOME _____ # OF CHILDREN _____

IF YOU HAVE CHILDREN, HOW OLD ARE THEY? _____

PLEASE LIST THE NAMES OF ALL MEMBERS OF YOUR HOUSEHOLD

HOW MANY PETS DO YOU OWN? _____

DOGS _____ CATS _____ MALE OR FEMALE _____

PLEASE LIST THE NAMES OF YOUR PETS _____

HAVE YOUR PETS BEEN SPAYED AND OR NEUTERED? _____

IF NO, WHY NOT? _____

IF YOU MOVE, WHAT WILL HAPPEN TO YOUR PETS? _____

HAVE YOU EVER HAD TO GIVE UP A PET? IF YES, WHY? _____

WHAT ROLE WILL THIS ANIMAL HAVE? _____

NAME AND PHONE NUMBER OF CURRENT VETERINARIAN (OR VETERINARIAN YOU PLAN TO USE) _____

HOW MANY ANIMALS ARE YOU APPLYING FOR? _____

IF YOU ARE APPLYING FOR A PARTICULAR CAT OR KITTEN, WHAT IS THAT CAT OR KITTEN'S NAME? _____

DO YOU HAVE AN AGE PREFERENCE? _____

WILL THIS CAT/KITTEN BE KEPT INSIDE, OUTSIDE OR BOTH? _____

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ARE YOU AWARE OF THE FINANCIAL RESPONSIBILITY OF OWNING A CAT OR A KITTEN, SUCH AS ANNUAL HEALTH CHECK-UPS AND RABIES INOCULATIONS? _____

ARE YOU AWARE THAT YOU MUST HAVE YOUR KITTEN SPAYED OR NEUTERED? _____

WILL YOU BE DECLAWING YOUR CAT OR KITTEN? _____

DOES ANYONE IN YOUR FAMILY HAVE ALLERGIES TO CATS? IF SO, WHOM?

WHAT CIRCUMSTANCES MIGHT FORCE YOU TO GIVE UP OWNERSHIP OF YOUR CAT/KITTEN? _____

IF YOU NO LONGER HAVE A PET, WHAT HAPPENED TO HER OR HIM? PLEASE DESCRIBE WHAT HAPPENED. _____

PLEASE READ THE FOLLOWING CAREFULLY!!!

I understand that VSA is a private organization and retains the right to accept or reject my application. I certify to the truth and the completeness of all the information I have given on this application. I have read and understand the questions on this application and recognize that any **false, deceptive, or missing information may void my application** for consideration for the adoption.

I hereby give my permission to verify all information on this application and to visit my residence, if necessary, before finalizing the adoption. If this application is completed via email, my completing the application is my authorization to call my vet for a vet check. A waiting period of up to three (3) days may be necessary to process the application.

I UNDERSTAND THAT SPAY/NEUTER IS MANDATORY ON ALL KITTENS. I WILL BE LEGALLY RESPONSIBLE FOR THE WELL BEING AND NECESSARY VETERINARY CARE OF THE CAT I ADOPT AS REQUIRED BY THE LAWS IN MY STATE OF RESIDENCE. I HEREBY AGREE THAT I WILL FORWARD TO VSA, EAST PROVIDENCE CHAPTER A COPY OF THE PROOF OF SPAYING OR NEUTERING.

SIGNATURE OF

APPLICANT _____ **DATE** _____

FOR ADMINISTRATIVE USE ONLY

Application Approved _____ *Date* _____

Application Denied Date _____ *Reason* _____

Cat/Kitten's Name _____ *Picked up on*
(date) _____

Due for spay/neuter (month) _____

Spay/Neuter reminder sent _____

Spay/Neuter confirmation received _____