



CARRIE A. SEAMAN ANIMAL SHELTER  
PROVINCETOWN

**Carrie A. Seaman Animal Shelter**  
**5 Sandy Hill Lane**  
**PO Box 1374**  
**Provincetown, MA 02657**  
**508.487.4243**  
[www.casasanimalshelter.org](http://www.casasanimalshelter.org)

## **Cat Adoption Information**

Thank you for considering adopting a shelter animal. This form is designed to assist you in selecting a pet that is suitable for you, your family, and your lifestyle; and also to provide information so that your household is prepared for this adoption. In order for the adoption to be successful, it is essential for every member of the household to be aware of the responsibilities involved. In order to be considered for a cat adoption, you must:

- Acknowledge the adoption fee (see below) *as well as a lifelong financial commitment for the life of your cat (see Estimated Budget, next page).*
- Agree to keep the cat indoors.
- Agree to not declaw the cat.
- Be 21 years of age or older and have a current form of photo identification.
- If you rent, provide your landlord's name and number—we will call to verify that cats are welcome.
- Have your veterinarian's name and number—we will contact them.
- Understand that a member of the CASAS Adoption Committee must approve your application.

### **Adoption fees:**

Kittens and young cats (under one year of age): \$150.00

Adult cats (one to eight years old): \$100.00

Senior cats (over eight years old): \$75.00

*Adoption fee includes:*

*Veterinary examinations*

*Fecal parasite testing and treatment*

*FIV and FeLV testing*

*Age appropriate vaccinations*

*Sterilization (spay or neuter)*

If your application for adoption is accepted, you may be asked to provide an appropriate cat carrier to take your cat home. You will also need to obtain the services of a veterinarian to establish a schedule of preventive medicine. If the cat becomes ill within one month of adoption, you should contact CASAS immediately. Adoption fees are not refundable.

## Estimated Cat Budget

### ONE YEAR MINIMUM COSTS

TYPE OF CAT: Spayed, short-haired, approximately 12 pounds

#### FOOD AND TREATS

30 cans of cat food (5.5 oz.) per month @ \$.50	\$180.00
2 Bags dry cat food (6.3 lbs) per month @ \$6.99	\$167.76
3 bags of cat treats per month @ \$1.69	\$ 60.84
1 toy every 2 months @ \$5.00	\$ 30.00

#### VETERINARIAN

Yearly physical exam and vaccinations	\$ 83.00
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#### GROOMING

2 bags of cat litter (9.52kg) per month @ \$7.59	\$182.16
3 tubes of laxatone (fur ball laxative) @ \$8.00	\$ 24.00

#### PET SITTING

2 weeks cat care @ \$10.00 per day	<u>\$140.00</u>
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TOTAL: \$867.76

### ONE-TIME EXPENSES

spay	\$105.00
food & water dishes	\$ 10.00
collar, leash, harness	\$ 25.00
brush & comb	\$ 15.00
litter box & scoop	\$ 15.00
scratching post	\$ 30.00
cardboard carrier	<u>\$ 8.00</u>

TOTAL: \$208.00

These figures DO NOT account for any emergency medical care or include a bed. This also does not include the cost of your time, which is of course needed for playing with, petting, and caring for your cat. In the long run, this is a small price to pay for all the love and companionship you will get in return!



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**Cat Adoption Application**

Name of Applicant:		Home Phone:	
Partner/Spouse Name:		Work Phone:	
Mailing Address:		Cell Phone:	
		Email Address:	
Physical Address: (if different from mailing address)		Place of Employment:	

1) If you are applying to adopt a specific cat:

Name of cat:		Tracking number:	(CASAS fills this in)
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2) If you have specific characteristics that you are seeking in a cat, please indicate.

Sex:		Temperament:			
Age:		Color:		Other:	

3) Why are you interested in adopting a cat? Please circle all that apply:

Family pet	Pet for child	Companion for self
Mouser	Gift	Companion for other pet
Other (please explain)		

4) What type of cat are you interested in?

Gender:		Age:		Hair length:	
		Color:		Declawed:	

5) Is there anyone in your household who does not know about this adoption?

5a) If yes, who?

6) Is there anyone in your household who has allergies?

6a) If yes, to what?

*Note: if answer to Question 6 is yes, you must have a note from doctor stating that person is not allergic to cats.*

7) How many other people live in the house?

7a) If children, how many?

7b) And if children, what are their ages?

8) Is there anyone in your household who does not know about this application?

8a) If yes, who?

9) Who will be primarily responsible for the daily care of this cat?

10) How many hours each day will the cat be left alone?

10a) When home alone, where will the cat stay?

11) At night, where will the cat sleep?

12) How will you handle litter box problems should they occur?

13) How will you handle scratching and/or destruction should they occur?

14) What other pets do you have now?

Name	Type of Animal	Age	Spayed/Neutered?	Vet's Name & Phone

15) What other pets (not listed) have you had in the last 5 years?

15a) What happened to them?

16) Do you plan on using the same vet that you have used in the past?

16a) Vet's name, address and phone number:

Name: \_\_\_\_\_ Phone Number/s: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

17) How much do you expect to pay annually for pet care (veterinary care, medicine, food, toys, etc.)?

18) What percentage of the time will the cat spend inside?

19) Have you ever given up a pet in the past?

19a) Why?

20) What will happen to the cat if you move?

21) Which best describes your housing? Please circle:

Apartment    Condo    Single family home    Other (describe): \_\_\_\_\_

21a) Do you rent?

21b) If so, does your landlord allow pets?

21c) Please provide the name, address and phone number of your landlord:

Name: \_\_\_\_\_ Phone Number/s: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

22) How long have you lived at the current residence?

22a) If less than 5 years, how many times have you moved in the last 5 years?

23) When you travel, who will take care of the cat?

24) Please list two references that are familiar with you and your pets.

Name: \_\_\_\_\_ Phone Number/s: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Phone Number/s: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

25) Are you willing to allow a CASAS representative visit your home?

26) Are you willing to comply with our policy which states that if at any time you are unable to keep the cat, you agree to immediately contact CASAS?

27) Are you prepared to pay our adoption fee and to accept financial responsibility for the care of your new cat? (Please refer to the attached "Cat Budget" document.)

By signing below, I am attesting to the truthfulness of my answers. I understand that falsification of any of the above information will be grounds for rejection of this application and possible removal of the cat from my home. I consent to CASAS representatives discussing information contained in this application with any persons named on this application and with local Animal Control Officers. CASAS reserves the right to refuse any applicant without furnishing a reason.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

For Official Use Only

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Adoption Approved/Declined: \_\_\_\_\_

Comments: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_