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DATE: ____/____/____



**NEW ENGLAND SOCIETY FOR ABANDANED ANIMALS
ADOPTION APPLICATION**

PLEASE FILL OUT TO THE BEST OF YOUR ABILITY

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP: _____ PHONE (DAY):(_____) _____ (EVENINGS): (_____) _____

CELL PHONE: (_____) _____ EMAIL: _____

OCCUPATION: _____ MAY WE CALL YOU AT WORK: **YES / NO**

DO ALL OF THE MEMBERS OF THE HOUSEHOLD KNOW YOU PLAN TO ADOPT? **YES / NO**

ARE YOU OVER 18? **YES / NO** * IF YOU ARE UNDER 18 PLEASE PROVIDE THE FOLLOWING:

GUARDIAN'S NAME: _____ PHONE NUMBER: _____

DO YOU OWN YOUR OWN HOME? _____

NOTE-IF YOU ARE LIVING WITH YOUR PARENTS OR RELATIVES YOU ARE TO BE CONSIDERED RENTING.

IF YOU RENT OR BOARD, PLEASE PROVIDE THE FOLLOWING:

LANDLORD'S NAME: _____ PHONE NUMBER: _____

<input type="checkbox"/> CATS ALLOWED <input type="checkbox"/> CATS NOT ALLOWED
NOTES: _____ _____

HOW MANY ADULTS IN YOUR HOUSEHOLD? _____ CHILDREN? _____ IF SO, WHAT ARE THE CHILDREN'S AGES? _____

IS ANYONE IN YOUR HOUSEHOLD ALLERGIC TO CATS? **YES / NO / NOT SURE**

WHO WILL BE THE CAT'S PRIMARY CARETAKER? _____

HOW MANY HOURS A DAY WILL YOUR CAT BE ALONE? _____ WILL YOU DECLAW YOUR CAT? _____

WILL YOUR CAT BE ALLOWED OUTDOORS? **YES / NO / NOT SURE** IF YOU MOVE, WILL YOU TAKE YOUR CAT WITH YOU? **YES / NO / NOT SURE**

CAN YOU AFFORD MEDICAL CARE, INCLUDING YEARLY VACCINATION UPDATES? **YES / NO / NOT SURE**

WHAT WILL YOU DO IF YOUR CAT SCRATCHES THE FURNITURE? _____

WHERE WILL YOUR KITTY SPEND HIS OR HER DAY? : _____

HAVE YOU EVER SURRENDERED A CAT TO NESAA? **YES / NO / NOT SURE**

HAVE YOU EVER ADOPTED THROUGH NESAA'S FOSTER PROGRAM BEFORE? **YES / NO / NOT SURE**

HAVE YOU PREVIOUSLY OR DO YOU PRESENTLY HAVE A PET? **YES / NO / NOT SURE**

NAME: _____ SPECIES: _____

DECEASED? YES / NO CAUSE? _____

NAME: _____ SPECIES: _____

DECEASED? YES / NO CAUSE? _____

NAME: _____ SPECIES: _____

DECEASED? YES / NO CAUSE? _____

VETERNARIANS NAME: _____ PHONE : _____

LOCATION: _____

PLEASE PROVIDE THREE REFERENCES (FRIENDS, NEIGHBORS, COWORKERS, ETC.) THESE PEOPLE SHOULD NOT BE RELATED TO YOU AND SHOULD HAVE KNOWN YOU FOR OVER A YEAR.

NAME: _____ RELATIONSHIP: _____

PHONE: _____

NAME: _____ RELATIONSHIP: _____

PHONE: _____

NAME: _____ RELATIONSHIP: _____

PHONE: _____

THE INFORMATION I HAVE PROVIDED IS TRUE. I UNDERSTAND THAT ANY MISREPRESENTATION OF THE FACTS MAY RESULT MY LOSING ADOPTION PRIVILEDGES.

SIGNATURE: _____ DATE: _____

NESAA RESERVES THE RIGHT TO DENY ANY APPLICATION WITHOUT EXPLANATION. ALL DECISIONS ARE FINAL.

For Office Use Only: Approved Denied CATS ON HOLD/ID#S: _____

NOTES: _____
