Name Audra Lacey	-Ehrlich			
Address 132 Farm St.	Millis, MA		e-mail	
oday's date Phone: Cell phone				
Physical address wher	e the cat will l	ve (No Postal or P.	O. Boxes) <u>132 Far</u>	rm St. Millis, MA
Is this property				
Owned X Rer	nted F	Public housing or s	ection8C	Other
If other, explain				
Are there restrictions of	on the property	/? Yes No	_ If yes , what type <sub>.</sub>	
Place of employmentWork phone				
Placement Ques	tionnaire:			
Name of the cat that yo	ou are interest	ed in adopting	Sam and Leo	
The cat is for	Myself	Im	mediate family	Other
If you selected other, p	lease specify:			
Why are you interested	d in adopting a	cat?		
Have you had pets in the	he past?	What happe	ned to them?	
Do you have other pets	s now?	How many p	ets?	
Name of the pets	Type of pet	Age/Sex	Vaccinated?	Spay/neutered?

How many hours would the pet be alone during the day?
Will your cat be allowed outdoors?If yes, how busy is your street?
Would you declaw the cat?Yes No I don't know what is declaw
Will you be getting a collar and tag for him or her?
(We recommend it, even for indoor-only cats, there's a chance they might get out).
What arrangements will you make when you go away?
How often are you away?
Anything else you'd like us to know about you?
What appealed to you about this particular pet?
Why are you interested in adopting now?
References
Please provide information about a veterinarian you have used or will use. References are checked
Clinic Name: Clinic Phone:
Vet records are under the name of:
Personal reference who has seen you around animals:
Phone number: Email:
All the information provided above is considered confidential and will be used only for placement purposes. The information shall not be shared with anyone outside of this organization.
Thank you!