



Cat Adoption Application

2386 County Route 10, Alpine, NY 14805

e-mail: info@schuylerhumane.org

Phone: 607-594-2255

Fax: 845-501-3211

Animal Information

Cat's Name _____ Application Date: _____

Sex (Male/Female): _____ Location: _____

Description: _____

HSSC Number: _____

Information About You

Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ ZIP _____

e-mail (if available): _____

Other contact information (alternative address, telephones etc.) _____

Are you at least 18 years of age? Yes No

Are you currently a student? Yes No

Are you currently employed? Yes No

If yes, please provide the name and location of employer _____

How long have you worked for this employer? _____

What is your current position? _____

Are you retired? Yes No

Do you have any circumstances that would limit your ability to feed and provide sanitation for this cat?

Yes No

If yes, please explain the situation: _____

Information About Your Household

What best describes where you live:

<input type="checkbox"/> House	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Apartment
<input type="checkbox"/> Duplex	<input type="checkbox"/> Rural	<input type="checkbox"/> Village
<input type="checkbox"/> City	<input type="checkbox"/> Suburb	<input type="checkbox"/> Other: _____

Do you own or rent your living quarters? Own Rent

Other arrangements: _____

If you rent, Landlord name: _____ Telephone: _____

How long have you lived at this residence? _____

Number of people living in your home: ___ Adults
___ Children Ages: _____

How many hours is someone home: ___ Daytime ___ Evening

Is anyone in the household allergic to pets? Yes No

How would you describe your household? Active Noisy
 Average Quiet

Who will be primarily responsible for the pet's care? Self Parents
 Children Other _____

Are cats in your household tested for feline leukemia and feline immunodeficiency virus? Yes No

Do all family members agree about this adoption? Yes No

Cat Care Plans

Why do you wish to adopt a cat from us and for what purpose? _____

What percentage of the time will the cat be: _____ Inside _____ Outside

Do you know how to litter train a cat? Yes No

Have you owned a cat that scratched your furniture? Yes No

If so, how did you handle the situation? _____

Who is your current veterinarian? _____

Who do you plan to use as a veterinarian? _____

What will you do with your cat when you go on vacation? _____

What will you do with your cat if you move? _____

Pet History

Please list the pets you currently own and whether or not they are spayed/neutered:

Species _____ Sex ___ Spayed/Neutered Species _____ Sex ___ Spayed/Neutered

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Please list the pets you've had in the past five years that you no longer have:

Species _____ Sex ___ Spayed/Neutered What happened to them? _____

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Adoption Agreement For: _____

(cat's name)

Adoption Waiver

By signing this document, I am accepting all of the risks associated with handling animals during the adoption process. I understand that this document will be retained by the Humane Society of Schuyler County. I further attest that the information given is true and understand that giving false or incomplete information may result in this application being denied.

Please initial next to each statement and sign at the bottom.

- _____ I understand that the Humane Society of Schuyler County (HSSC) makes no guarantees of the health, habits, temperament or any other fact about the animal.
- _____ I understand that my pet may have an illness that is not immediately apparent, that the HSSC is not responsible for veterinary care should the animal have illness.
- _____ I understand there is a risk that my current family pets could be exposed to illness and the HSSC is not responsible for veterinary care should they become ill.
- _____ I understand it is recommended that my new pet be isolated until it has seen my veterinarian.
- _____ I agree to call within **5 days** of adoption to make an appointment to take my new pet to the veterinarian.
- _____ I understand that a pet needs to be seen by a veterinarian at least once a year for an annual physical, vaccinations, de-worming and flea/heartworm preventatives.
- _____ In adopting this animal, I agree to keep my pet current in rabies vaccinations.
- _____ If not already altered, I agree to have this pet spayed/neutered unless otherwise recommended by a veterinarian.
- _____ I can afford and agree to provide food and routine veterinary care for this animal.
- _____ I agree to keep my animal appropriately housed and restrained.
- _____ I see this animal as a lifelong commitment and family member.

Signature _____ Date _____

HSSC Actions

Today's Date _____ Hold Until: _____ HSSC ID Number _____

Landlord Contacted (date) _____ Approved Denied

Adoption Decision (date) _____ Approved Denied

If denied, reason for denial: _____

Adoption Date: _____ Adoption Fee: _____

HSSC Staff Signature: _____

Adoption Agreement For: _____

(cat's name)

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