



Cat Adoption Application

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Animal Information

Cat's Name _____ HSSC ID Number: _____

Sex (Male/Female): _____ Location: _____

Description: _____

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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