



# ADOPTION APPLICATION

DeWitt • (315) 446-6320 • 3401 Erie Boulevard East

Cat's Name: _____ Sex: M / F      Age/DOB _____ Breed/Color/Markings: _____	Application Date: _____ Time: _____ Volunteer Name: _____ Volunteer Phone: _____
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Foster Name: _____ Phoned Foster / Copied & Put in file / Faxed	Foster Phone: _____
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Applicant Name: _____ Address: _____ City/State/Zip: _____	Home Phone: _____ Cell Phone: _____ Work Phone: _____
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Employer (income source): \_\_\_\_\_ May we contact you at work? YES / NO  
 I OWN / RENT: House / Apartment / Student Housing / Mobile Home (Public / Private Lot)  
 Landlord Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 How long at this address? \_\_\_\_\_ Planning to move within 6 months? YES / NO

Have you adopted from any agency or shelter before? YES / NO If so, where? \_\_\_\_\_  
 Do you still have the pet? YES / NO If no, why? \_\_\_\_\_

Please list your last four current and/or previous pets below.

Type of Animal	Pet's Name	Current or Previous?	Sex	Age	Years Owned	Spayed/Neutered?	Office Use

Circle all that apply. This cat will be: indoor only / outdoor only / indoor-outdoor / de-clawed / barn cat / service  
 Will you be able to provide medical testing and treatment for this cat in the future? YES / NO

List all household members and ages: \_\_\_\_\_

Is anyone hesitant about adopting this animal? YES / NO If yes, explain. \_\_\_\_\_

Questions/Concerns? \_\_\_\_\_

Please inform your veterinarian's office of our intent to contact them.

Vet's Name	Vet's Address	Phone
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Please use friends, neighbors, co-workers and family.

Reference Name	Relationship	Phone Number

I hereby give permission for this agency/foster caregiver to contact my veterinarian to verify spay/neuter, vaccination or pertinent account information for the purpose of pre and post-adoption approval. This shall include a period of one year after the adoption date in order to confirm that the adopted cat is receiving treatment and proper veterinary care. My signature affirms that the above questions have been answered honestly and accurately in support of my desire to adopt a cat from the Petsmart Adoption Center. I agree to return the cat to the caregiver in the future if I am no longer able to properly care for it. I understand that neither the adoption agency nor the foster nor any volunteer is responsible for any injuries that may occur during the adoption process.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_