



DeWitt | 3401 Erie Boulevard East, DeWitt NY | (315) 446-6320
 CNY SNAP | 17 Salisbury St, Cortland NY | info@cny SNAP.org

ADOPTION APPLICATION

Cat's Name: _____ Sex: M F Application Date: _____
 Color/Markings: _____ Age/DOB: _____ Volunteer/Foster Name: _____

Applicant Name: _____ Home Phone: _____
 Address: _____ Cell Phone: _____
Street/City/State/Zip
 Email: _____ Work Phone: _____

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 in the next 6 months? YES NO
 Have you adopted from a shelter before? YES NO If so, where? _____
 Do you still have the pet? YES NO If no, why? _____ Number of pets currently in the home: _____

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

Type of Animal	Pet's Name	Current or Previous?	Sex (M/F)	Age	Years Owned	Spayed/Neutered?

This cat will be: indoor only outdoor only indoor-outdoor de-clawed barn cat service
 Will you be able to provide medical care, vaccines & daily necessities (food/litter) for this cat in the future? YES NO

List all household members & ages: _____
 Is anyone hesitant about adopting this animal? YES NO

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

Vet's Name	Vet's Address	Vet's Phone

Please use friends, neighbors, co-workers or family and inform of our intent to contact them.

Reference Name	Relationship	Reference Phone

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 to confirm that the adopted cat is receiving treatment and proper veterinary care. My signature affirms that the above questions have been answered truthfully and accurately in support of my desire to adopt a cat from CNY SNAP and the Petsmart DeWitt Adoption Center. I agree to return the cat to the agency/foster 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: _____