

# Humane Society of Schuyler County

124 Marina Drive · PO Box 427 · Montour Falls · New York 14865 Tel. 607-594-2255 Fax 845-501-3211 info@schuylerhumane.org

## **Cat Adoption Application**

Instructions: You can fill this form out online using Adobe Reader or you can print it out and fill it out by hand. Once you have completed the form, you can send it to HSSC by email, fax, paper mail or hand delivery to our site (see contact information above). Please fill out this form as completely as you can. We will use the information in our discussions with you about your adoption.

#### Animal Information Cat's Name:\_\_\_\_\_\_Time:\_\_\_\_\_Time:\_\_\_\_\_ Sex (Male/Female): Adoption Location: Description: Information About You (please print) Name: \_\_\_\_\_\_Telephone: \_\_\_\_\_ Address: State: ZIP City: e-mail (if available):\_\_\_ Other contact information (alternative address, telephones etc.) Are you at least 21 years of age? Yes No Yes Are you currently a student? 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? Yes No Are you retired? 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: Mobile Home House Apartment Duplex Rural Village City Suburb Other: Own Do you own or rent your living quarters? Rent

How long have you lived at your current residence?								
Other arrangements:								
If you rent, landlord's name:				Tele	Telephone:			_
<u>The landlord will b</u> property.	be contacted to	determine	whether you h	nave perm	<u>nission</u>	to br	ing an animal onto	the
How many hours	is someone hon	ne:	Daytime		Evening			
Is anyone in the h	ousehold allerg	ic to pets?	-	Yes			No	
How would you de	escribe your hou	usehold?	-	Acti	ve		Noisy	
			-	Ave	rage		Quiet	
Who will be prima	rily responsible	for the pet'	s care?	Self	:		Parents	
			-	Chil	dren		Other	_
Do all family members agree about this adoption?				Yes			No	
Cat Care Plans								
		om us and	for what purp	ose?				
	-		· ·					_
What percentage	of the time will t	he cat be:	-	Insi	de		Outside	
Do you know how	to litter train a o	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?								_
Are your cats tested for Feline leukemia and FIV?								
Pet History								
Please list the pe	ets you current	ly own and	d whether or	not they	are al	tered	l (spayed or neute	∍red):
Name	Species	_Sex	_Altered?					
Name	Species	_Sex	Altered?					
Name	Species	_Sex	Altered?					
Name	Species	_Sex	Altered?					
Name	Species	_Sex	_Altered?					
Please list the pets you've had in the past five years that you no longer have:								
Name	Species	_Sex	_Altered?	Wha	at hap	peneo	d to them?	
Name	Species	_Sex	_Altered?	Wha	at hap	peneo	d to them?	
Name	Species	_Sex	_Altered?	Wha	at hap	peneo	d to them?	
Name	Species	_Sex	_Altered?	Wha	at hap	peneo	d to them?	
Name	Species	_Sex	_Altered?	Wha	at hap	peneo	d to them?	

## Adoption Agreement For: \_\_\_\_\_

ID number \_\_\_\_\_

#### (Cat's name)

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 no 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.
I understand that the adoption fee payment is final. At the discretion of HSSC, up to 50% of the adoption fee may be refunded for pets returned to the shelter within 30 days of adoption.

Signature

Date

## **Holding Animals for Adoption**

Once an adoption application is approved the pet will be held for 72 hours. If the adoption is not completed within 72 hours the pet will be considered available for adoption unless specific arrangements are agreed upon.

A potential adopter choosing between multiple pets has 48 hours from the time the application is received by the HSSC to contact the Adoptions Coordinator to advise which pet(s) they have decided to adopt. If no contact is made within 48 hours, the pet companion(s) becomes available to the general public for adoption.

HSSC Approval			
HSSC ID Number:	Adoption Date:	Adoption Fee:	
HSSC Staff Signature:			
Special Instructions:			

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ID number

(Cat's name)

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## **HSSC Actions**

Application Received Date:	Time:	Hold Until:	HSSC ID Number
Landlord Contacted (date)		Approve	d Denied
Adoption Decision (date)		Approve	d Denied
If denied, reason for denial:			
Adoption Date:	Ac	loption Fee	
HSSC Staff Signature:			