



Humane Society of Schuyler County

124 Marina Drive · Montour Falls · New York 14865

Tel. 607-210-2600 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: _____ Application Date: _____ Time: _____

Sex (Male/Female): _____ Adoption Location: _____

Description: _____

Information About You (please print)

Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ ZIP _____

e-mail (if available): _____

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

Are you at least 21 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:

___ House ___ Mobile Home ___ Apartment
___ Duplex ___ Rural ___ Village
___ City ___ Suburb ___ Other: _____

Do you own or rent your living quarters? ___ Own ___ Rent

How long have you lived at your current residence? _____

Other arrangements: _____

If you rent, landlord's name: _____ Telephone: _____

The landlord will be contacted to determine whether you have permission to bring an animal onto the property.

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 _____

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? _____

Are your cats tested for Feline leukemia and FIV? _____

Pet History

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

- Name _____ Species _____ Sex _____ Altered? _____
- Name _____ Species _____ Sex _____ Altered? _____
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- Name _____ Species _____ Sex _____ Altered? _____
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Please list the pets you've had in the past five years that you no longer have:

- Name _____ Species _____ Sex _____ Altered? _____ What happened to them? _____
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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 Schuylers 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 Schuylers 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.
- _____ 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: _____

Adoption Agreement For: _____ **ID number** _____
 (Cat's name)

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HSSC Actions

Application Received Date: _____ Time: _____ 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: _____