

ADOPTION APPLICATION
Please be advised that CNYCC reserves the right to approve or deny this application

Cat's Name:	Application Date:
Sex: M / F Age:	Breed/Color/Markings:

Applicant(s) Name:	Home/Cell Phone:
Address	E-mail:
City/State Zip:	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's Name: _____ Phone Number: _____
 How long at this address? _____ Planning to move within 6 months? YES / NO
 Have you adopted from any agency/shelter before? _____ If yes, where? _____
 Do you still have the pet from the agency/shelter? _____ If not, why? _____

Type of Animal	Pet's Name	Current or Prior pet	Sex	Age	Years Owned	Spayed or Neutered?
						YES NO
						YES NO
						YES NO
						YES NO

Circle all that apply: This cat will be: indoor only / outdoor only / indoor-outdoor / de-clawed / barn cat
 Will you be able to provide needed medical testing/treatment of this cat in the future? YES / NO
 List all household member(s) (include ages) _____
 Is anyone hesitant about adopting this cat? YES / NO If yes, explain: _____
 Do you have any questions about adoption or this cat?: _____

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

Vet's name:	Address:	Phone:
		Fax:

Please use neighbors and co-workers, not family

Reference Name	Relationship	Phone Number

I give permission for this agency/foster caregiver to contact my veterinarian to verify spay/neuter, vaccination, and pertinent account information, for the purpose of pre and post adoption approval. This includes a period of 1 year after the adoption date in order to confirm that the adopted cat is receiving humane treatment and proper veterinary care. My signature affirms the above questions have been answered honestly and accurately in support of my desire to adopt a cat from your organization. ***I agree to return the cat to this 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 caregiver nor any volunteer is responsible for any injuries that may occur during the adoption process.

Applicant's Signature

Date: _____

**Return Policy: The cat may be returned for a full refund within 14 days, with 24 hour notice of intent to return
 CNYCC PO Box 6182, Syracuse, NY 13217 315-289-CATS (2287)**