



Salem's Community Cats

P.O. Box 402 • Salem, NY 12865

PET ADOPTION APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work Phone: _____

Email Address: _____

Employer: _____

Name of pet(s) you are applying for: _____

Why do you want to adopt? _____

How many hours a day / night will pet be left alone? _____

Where will pet reside? _____

Are you looking for indoor / outdoor cat? _____

Do you live in a house or an apartment? _____

Do you: Own / Rent (circle one) If rent - name and number of landlord:

(We will be contacting your landlord to verify you can have a pet.)

Household Composition:

Adults: _____ Ages: _____

Children: _____ Ages: _____

(2)

Should you relocate, what are your plans for your pets?

Are you financially secure enough to care for this animal's medical needs?

Yes No

Are you agreeable to a home visit prior to adoption?

Yes No

Names of current pets and their breed/ type of animal:

Past pets? (Last 10 years)

Name of current / past veterinarian & contact number

Personal references:

Name: _____

Relationship: _____

Contact # _____

Name: _____

Relationship: _____

Contact # _____

Do you understand that this pet may live to be 15 years of age or older? _____

It may take a new pet a couple weeks to adjust to its new surroundings and become used to its new home. You need to be prepared to allow for a good adjustment time.

You agree that this pet will not be given as a gift. Your new pet shall reside with you, the adopter. This pet will not be given to someone else. If a situation arises and you cannot keep the animal, you agree to contact Salem's Community Cats. You further agree to secure regular vaccinations and appropriate veterinary care for this animal.

If approved, when would you be willing to take your new pet home? _____

By signing below you certify that the information provided is true and that you recognize any misrepresentation of the facts will result in losing your privilege to adopt from this organization. You further authorize an investigation of all statements on this application.

Signed: _____

Date: _____

Interviewed by: _____