

SPCA of Westchester, Inc.
590 North State Road, Briarcliff Manor, NY 10510
(914) 941-2896 Fax (914)762-8312



Open Monday-Saturday 10am to 4pm; Sunday 1pm to 4pm

Cat Adoption Application:

In order to be considered for an adoption today, you must:

1. Be at least 21 years of age
2. Have legal identification with you current address
3. Be able to verify that you are allowed to have a pet where you live
4. Must provide vet and personal references
5. Be able/willing to spend the time & money necessary to provide the training, medical treatment and proper care for the pet
6. Understand that the SPCA of Westchester reserves the right to deny the adoption of any pet for any reason

Fees to Adopt:

- Kittens or Young Cats under 1 year - \$150
- 2 Kittens - \$250
- Adult Cats over 1 year - \$75
- Lonely Hearts Club/Senior Cats - \$55

Today's Date: _____

Cat/Kitten Interested In: _____

Name: _____

Date of Birth: _____

Address: _____

City: _____ Zip code: _____

E-Mail Address: _____

Phone #: _____

How long have you lived at this address: _____

Alt. Phone #: _____

Do you currently live with a parent(s)? Y N Parent's Name/Phone #: _____

Do you Own or Rent a: House Apartment Condo/Co-op Other

If you Rent or Own a condo/Co-op, you will be required to provide a copy of your lease/bi-laws that states you can own a pet. Otherwise, you are required to provide us with the phone # of your landlord/management company

Landlord's Name/Management Co: _____ Phone #: _____

Are you currently employed? Yes No Name of Employer: _____

If you are not employed, how do you plan to provide for the cat? _____

1. Have you adopted from the SPCA of Westchester before? Yes No When? _____

2. Why do you want to adopt a cat? (Circle all that apply)

For my children Companion for my pet Mouser Companion for me A gift

3. What age cat are you interested in? (Circle all that apply)

Kitten Young Adult Senior Not Sure
(0-5months) (6mo-2yrs) (2-8years) (9+ years)

4. Do you have any children in your home? Yes No

If yes, how many and what ages are they? _____

5. Are there other adults in the household? Yes No

If yes, please provide name and contact information: _____

6. Does anyone in your household have allergies? Yes No

7. Who will be the primary caregiver for the cat? _____

8. Do you have any CATS at home now? Yes No

If yes, have they ever lived with other cats before? Yes No

If no, have you ever lived with or been the primary caregiver for a cat? Yes No

9. Do you have any DOGS at home now? Yes No

If yes, have they ever lived with cats before? Yes No

10. Do you plan to declaw the cat? Yes No

11. Where will the cat live? (Please circle)

Indoors at first then indoor/outdoor Outdoors only Indoors only

12. Are you planning any of the following over the next month? (Please circle)

Moving/change of residence Vacation Change in schedule

If you currently, or within the past year, have owned a pet please provide the name of your veterinarian:

Name of Vet: _____

City: _____ Phone #: _____

Please provide a Personal Reference. This should be either a work reference or a friend, NOT a family member or person you live with

Name: _____ How do you know this person: _____

Phone #: _____

I CERTIFY THAT THE ABOVE IS TRUE, AND THAT ANY FALSE INFORMATION MAY RESULT IN NULIFYING THE ADOPTION. _____ (Please Sign Here)