

SPCA of Westchester

590 North State Road - Briarcliff Manor, NY 10510
(914) 941-2896 www.sPCA914.org



CAT ADOPTION APPLICATION

Animal guardianship is a major responsibility, and one that should **not** be taken lightly. As part of the SPCA of Westchester's ongoing effort to find the best possible homes for all of its animals, please complete all information on this application before discussing it with one of our adoption representatives.

Please Note: The SPCA of Westchester reserves the right to deny the adoption of any pet for any reason.

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

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

Today's Date _____

Your Name: _____ Home Phone # _____

Address: _____ Work Phone # _____

City: _____ Email Address: _____

State: _____ Zip Code _____

How long have you lived at this address? _____

Do you own or rent your home? Own Rent

(IF RENT) Landlord's Name _____ Phone # _____

1. Have you adopted from the SPCA of Westchester before? Yes No
2. Why do you want to adopt a cat? (check all that apply)
For my children Companion for my pet Mouser Companion for me A gift
3. What age cat are you interested in? (check all that apply)
Kitten Young Adult Senior Not sure
(0-5 months) (6 months-2 years) (2-8 years) (9+ years)
- 4a. Do you have any children in your home? Yes No
- 4b. (IF YES): Please check ages of children: Under 6 6-9 10-12 13-16 17 plus
5. Are there other adults in the household? Yes No
6. Does anyone in your household have allergies? Yes No
7. Who will be the primary caregiver for the cat? _____
- 8a. Do you have any CATS at home now? Yes No
- 8b. (IF YES): Have they ever lived with other cats before? Yes No
- 8c. (IF NO): Have you ever lived with or been the primary caregiver for a cat? Yes No
- 9a. Do you have any DOGS at home now? Yes No
- 9b. (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?
Indoors at first then indoor/outdoor Outdoors only Indoors only
12. Are you planning on any of the following over the next month?
Moving/change of residence Vacation Change in schedule
13. What is the name of the Veterinarian you now use, if any? _____
14. Personal Reference: Name: _____ Phone #: _____

I certify that the above is true, and that any false information may result in voiding the adoption.

Please Sign: _____