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## ADOPTION APPLICATION

I request the privilege to become the permanent guardian of: \_\_\_\_\_  
Name and Type of Pet

Description of pet being adopted (*HCHS staff completes this*):  
\_\_\_\_\_

### Please print and answer all questions.

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Other Phone #'s: \_\_\_\_\_

My Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

My E-mail Address (to receive shelter bulletins): \_\_\_\_\_

How did you find out about our shelter? \_\_\_\_\_

1) Are you at least 18 years of age? \_\_\_ Yes \_\_\_ No

2) Are you currently a student? \_\_\_ Yes \_\_\_ No

3) Who are you adopting this pet for? \_\_\_\_\_

4) Have you owned and cared for this type of pet in the past? \_\_\_\_\_

5) Do you understand that it takes a few weeks for a pet to adjust to a new environment? \_\_\_\_\_

6) Check any and all reasons you want to adopt this pet:

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Hunting             | <input type="checkbox"/> Barn cat    |
| <input type="checkbox"/> Companion           | <input type="checkbox"/> Kill mice   |
| <input type="checkbox"/> Protection/guarding | <input type="checkbox"/> Other _____ |

7) Check all that apply:

- At least one adult in the household is currently employed.
- I receive food stamps.
- I receive public assistance. (*i.e.*, rent support, etc.)
- I rent my home/apartment. Landlord name, and phone number: \_\_\_\_\_
- I am a student. My parent's name, address and phone # is: \_\_\_\_\_

I own my home.

The pet I adopt will be around children. Ages of children: \_\_\_\_\_

8) Will this pet be an indoor or outdoor pet? \_\_\_ Indoor \_\_\_ Outdoor \_\_\_ Both

9) Where will your pet be kept during the day? \_\_\_\_\_  
during the night? \_\_\_\_\_

10) What will you do with this pet if you have to move? \_\_\_\_\_

11) Do you plan to travel with your pet? \_\_\_ Yes \_\_\_ No

12) How much would you expect to spend each year for veterinary bills? \$ \_\_\_\_\_

13) Do you currently have other pets? \_\_\_\_ Yes \_\_\_\_ No

14) List the pets you have had in your household in the last ten years: (Feel free to ask for another sheet of paper if needed)

NAME	TYPE	SEX	SPAYED OR NEUTERED?	AGE	KEPT INDOORS, OUTDOORS OR BOTH?	LAST VACCINATED	IF YOU NO LONGER HAVE THE PET, WHAT HAPPENED TO IT?

15) Have you ever surrendered a pet to a shelter or humane society? **Yes No** If YES, what was the reason? \_\_\_\_\_

16) How would you handle any behavioral problems with this pet?  
\_\_\_\_\_

17) If this pet is old enough to be spayed or neutered, do you agree that you will wait until HCHS has the spay/neuter performed before you will pick up your pet? \_\_\_\_ Yes \_\_\_\_ No

18) What care will you provide your dog/puppy during working hours or when you are not at home?  
\_\_\_\_\_

19) Check any that apply when your dog/puppy is outside. My dog/puppy will be:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> In a fenced yard    | <input type="checkbox"/> On an overhead cable run | <input type="checkbox"/> Kept in a dog house |
| <input type="checkbox"/> Allowed to run free | <input type="checkbox"/> Within invisible fencing | <input type="checkbox"/> Walked on leash     |
| <input type="checkbox"/> Chained             |   |  |

**I give my permission for HCHS to contact my veterinarian, who is:**

Veterinarian name and address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Under what person's name will the vet records be under?  
\_\_\_\_\_

**I give HCHS permission to contact two references who are NOT relatives, listed below:**

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**I swear that neither I, nor anyone living with me, have been convicted of a charge related to cruelty to, or neglect of, animals and that no such charge against me or anyone living with me is currently pending.**

\_\_\_\_\_  
Your signature

**I certify that the above information is true. I also understand that giving false information on this application is grounds for denying my application, or for repossessing this pet if this application is approved. I understand that HCHS reserves the right to refuse and or deny any application. This application remains the property of the HCHS.**

Your signature \_\_\_\_\_ Date \_\_\_\_\_

☺ ASK ABOUT MICROCHIPPING ☺