



## ADOPTION APPLICATION

*Please be advised we reserve the right to approve or deny this application*

<b>Cat's Name:</b>	<b>Application Date:</b>
Sex: M / F                      Age:	Breed/Color/Markings:
<b>Applicant(s) Name:</b>	<b>Home/Cell Phone:</b>
<b>Address</b>	<b>E-mail:</b>
<b>City/State                      Zip:</b>	<b>Work Phone:</b>

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

List all household member(s) (include ages)

Is anyone hesitant about adopting this cat? YES / NO

If yes, explain: \_\_\_\_\_

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

Do you have any questions about adoption or this cat?: \_\_\_\_\_

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

Have you been to this vet before or will you be a new patient?

<b>Vet's name:</b>	<b>Address:</b>	<b>Phone:</b>
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*Renate's Fosters*

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(315) 407-1998  
Camillus, NY

<http://www.renatesfosters.org>

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		<b>Fax:</b>
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**We require three references. Please use neighbors and co-workers, not family or significant others.**

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 if I do so, any adoption fees are non refundable. I understand that the foster caregiver nor any volunteer is responsible for any injuries that may occur during the adoption process.

**Applicant's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return Policy:** If the cat must be returned at any time for any reason to the Foster the adoption fees are non refundable. If you cannot care for or do not want the cat is must be returned to the foster. If the reason is medical please disclose that information so appropriate veterinary care can be obtained. Please give 24 hour notice of intent to return so preparations can be made.