

Society for the Promotion of Education in Animal Kindness, Inc.

CAT ADOPTION APPLICATION

Name:	Phone:		Date:			
Address:	City:	State:	Zip <u>:</u>			
Email:	Who will be	primary caregiver of c	at?			
Reason for adopting:						
Do you plan to move soon?	If so, when?					
I live in a: House Condo		Apartment	Mobile home			
If you rent: Landlords' name:		Phone number:				
How long have you lived at your current residence	?					
Are you a current or prospective college student?	Yes	□ No				
Are you 21 or older? Yes No	If not, how	old are you?				
I live with: Alone Spouse		Parent	Roommate(s)			
Children/age(s): Other_						
Will your cat stay:	Outdoors only	□Indoo	rs and outdoors			
If outdoors, how long after adoption would you begin letting your cat outdoors?						
If your cat stops using the litter pan, you will?						
If your cat starts scratching your furniture, you wi	11?					

Please list all pets you have owned within the past 10 years:

PET NAME	BREED	AGE	SPAYED OR NEUTERED?	# OF YEARS OWNED	STILL LIVE WITH YOU?	IF NOT, WHY?	
			THE TENED.	OWNED			
My current/previous veterinarian(s) is: Phone number:							
Please read and sign: Many factors determine which applicant will be matched with a particular pet. If you are not able							
to adopt a pet today, it does not mean that you are not considered a good pet owner or that your home is not acceptable.							
Our goal is to place all animals into homes that will best suit their individual needs. Please ask for clarification if you have							
any questions.							
I verify that I myself have filled out this form and have completed this application truthfully. I fully understand the adoption process.							

SPEAK Animal Hospital & Cat Sanctuary
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Binghamton, NY 13905
Office (607) 729-7368
FAX (607) 797-7240
Email: speakoffice@aol.com

Signature: ______Date:_____

Email: speakoffice@aol.com www.speakanimalhospital.org