

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

## **CAT ADOPTION APPLICATION**

Name:		Phone:				Date:	
Address:		City:				State:	Zip <u>:</u>
Email:	l:Who will be primary caregiver of cat?						
Reason for adopting: _							
Do you plan to move s	oon?						
I live in a: House			Condo		Apartment		Mobile home
If you rent: Landle	ords' name:		Phone numb			er:	
Are you 21 or older?	Yes		No				
I live with:	one	□s	pouse	F	Parent		Roommate(s)
☐ Children/age(s):			Other				
Will your cat stay:				oors only	only Indoors and outdoors		
If outdoors, how long	after adoption w	ould y	ou begin letti	ng your cat	outdoors?		
If your cat stops using	the litter pan, y	ou wil	1?				<del>-</del>
Please list all pets you	have owned wi	thin th	e past four ye	ars:			
PET NAME	BREED	AGE	SPAYED OR NEUTERED?	# OF YEARS OWNED	STILL LIVE WITH YOU?		IF NOT, WHY?

My veterina	arian(s) is:	Phone number:
Please rea	ad and sign: Many factors determine v	which applicant will be matched with a particular pet. If you are not ab
to adopt a p	pet today, it does not mean that you are i	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 questio	ons.	
☐ I have co	ompleted this application truthfully and i	fully understand the adoption process.
Signature:		Date:
	FOR STAFF USE:	
	Sanctuary assistant:	
	Adopter is interested in:	
	Discussion topics:	
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351 Flint Road

Approved:\_\_\_\_\_\_Date: \_\_\_\_\_Time:\_\_\_\_\_

Binghamton, NY 13905

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