

CNY SNAP Adoption Application

Cat's Name: _____	Application Date: _____ Time: _____ AM _____ PM
Sex: M F Age/BOB: _____	Faxed/Phone/Del. Time: _____ AM _____ PM
Breed/Color: _____	Volunteer Name: _____
Markings: _____	Volunteer Phone: _____

Name of Adoption Agency: _____

Name of Foster Caregiver: _____

Telephone: _____ Fax: _____

****CNY SNAP has the right to approve or deny this application****

Applicant's Name: _____	Home Phone: (_____) _____
Applicant's Name: _____	Work Phone: (_____) _____
Zip: _____	Employer: _____

May we call you at work? **Yes** **No**

I Own/Rent: House Apartment Student Housing Mobile home (public/private lot)

Landlord's Name: _____ Phone: _____

How long at this address? _____ Prior address? _____ Moving in next 6 months? **Y or N**

Have you adopted from any agency/shelter before? **Y or N** If yes, from where? _____

Please list current and prior pets:

Type of animal	Age	Years owned	Altered?	For office use only

This cat will be: Indoor only Outdoor only Indoor/Outdoor De-clawed Barn cat Companion

Who will be responsible for this cat? _____

Will you be able to provide the needed medical testing and treatment of this cat in the future? **Y or N**

List family members (please include children's ages)

Any family member hesitant about adopting this cat? **Y or N** If yes, explain _____

As a prospective cat owner, I wonder?: _____

Please inform your vet's office of our intention to call them.

Vet's Name	Address	Phone/Fax

Personal references	Relationship	Phone
1		
2		
3		

I hereby give permission for CNY SNAP/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 one year after adoption in order to verify humane treatment and proper veterinary care. My signature affirms the above questions have been honestly and accurately answered in support of my desire to adopt a cat from your organization. *I agree to return the cat to CNY SNAP or the foster caregiver if I am no longer able to properly care for it.* I understand that neither CNY SNAP or the foster caregiver nor any volunteer is responsible for any injuries that I could incur during the adoption process.

Applicant's Signature _____ Date: _____