

# SPCA of Westchester

590 North State Road - Briarcliff Manor, NY 10510  
(914) 941-2896 www.sPCA914.org



## CAT ADOPTION APPLICATION

Animal guardianship is a major responsibility, and one that should **not** be taken lightly. As part of the SPCA of Westchester's ongoing effort to find the best possible homes for all of its animals, please complete all information on this application before discussing it with one of our adoption representatives.

**Please Note:** The SPCA of Westchester reserves the right to deny the adoption of any pet for any reason.

**In order to be considered for a CAT adoption today, you must:**

1. Be at least 21 years of age.
2. Have legal identification with your current address.
3. Be able to verify that you are allowed to have a pet where you live.
4. Must provide vet and/or personal reference.
5. Be able and willing to spend the time and money necessary to provide the medical treatment and proper care for the pet.
6. Understand that SPCA of Westchester reserves the right to deny the adoption of any pet for any reason.

Today's Date \_\_\_\_\_

Your Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone # \_\_\_\_\_

City: \_\_\_\_\_ Email Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Do you own or rent your home? Own  Rent

(IF RENT) Landlord's Name \_\_\_\_\_ Phone # \_\_\_\_\_

1. Have you adopted from the SPCA of Westchester before? Yes  No

2. Why do you want to adopt a cat? (check all that apply)

For my children  Companion for my pet  Mouser  Companion for me  A gift

3. What age cat are you interested in? (check all that apply)

Kitten  Young  Adult  Senior  Not sure   
(0-5 months) (6 months-2 years) (2-8 years) (9+ years)

4a. Do you have any children in your home? Yes  No

4b. (IF YES): Please check ages of children: Under 6  6-9  10-12  13-16  17 plus

5. Are there other adults in the household? Yes  No

6. Does anyone in your household have allergies? Yes  No

7. Who will be the primary caregiver for the cat? \_\_\_\_\_

8a. Do you have any CATS at home now? Yes  No

8b. (IF YES): Have they ever lived with other cats before? Yes  No

8c. (IF NO): Have you ever lived with or been the primary caregiver for a cat? Yes  No

9a. Do you have any DOGS at home now? Yes  No

9b. (IF YES): Have they ever lived with cats before? Yes  No

10. Do you plan to declaw the cat? Yes  No

11. Where will the cat live?

Indoors at first then indoor/outdoor  Outdoors only  Indoors only

12. Are you planning on any of the following over the next month?

Moving/change of residence  Vacation  Change in schedule

13. What is the name of the Veterinarian you now use, if any? \_\_\_\_\_

14. Personal Reference: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

I certify that the above is true, and that any false information may result in voiding the adoption.

Please Sign: \_\_\_\_\_