

_____ Cat's name you're interested in (if applicable)

PLACE FOR CATS
Adoption Application

(Must be completed before consideration)

PLEASE GIVE CAREFUL CONSIDERATION TO ADOPTING A PET. CATS ARE NOT TOYS OR SHORT TERM COMMITMENTS. WITH GOOD CARE A CAT WILL LIVE 20 YEARS. MAKE CERTAIN THAT YOU HAVE ASSESSED YOUR LIFESTYLE CAREFULLY TO INSURE THAT YOU HAVE THE TIME, THE PATIENCE AND THE FINANCIAL ABILITY TO TAKE ON THIS VERY IMPORTANT RESPONSIBILITY.

Place For Cats, PO Box 7384, FDR Station, New York, NY 10150

Phone (212) 751 2093 Email: placeforcatsinc@verizon.net or lancastermia@verizon.net

Name: _____ Date: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell: _____

Email (**PRINT CLEARLY**): _____

PERSONAL REFERENCES (other than those who live with you):

A) _____ Home # _____

Address _____ Work # _____

B) _____ Home # _____

Address _____ Work # _____

1. Are you employed? _____ Yes _____ No Occupation: _____

2. Name of Employer _____

Address of Employer _____

City/State _____ Zip _____

Business Telephone _____ Years Worked here _____

3. Work Hours _____

4. Are you 21 years of age or older? _____ Yes _____ No

5. Is the animal for you: ___ Yes ___ No If not for you, for whom? _____

6. Do you live in an apartment _____ or house _____? How long there? _____

7. Do you have the landlord's permission to have a pet? _____

Name & Address of landlord: _____

8. Do you have another animal or animals at this time? _____ Yes _____ No

If yes, how many? _____ What kind? _____

How long have you had the animal? Animal #1 _____ Animal #2 _____

Animal #3 _____

Is the animal(s) spayed or neutered? #1 _____ #2 _____ #3 _____

9. Have you ever had a pet before? _____ Yes _____ No

If yes, how long did you have that animal? _____

Was that animal spayed or neutered? _____ Yes _____ No

What happened to that animal? _____

10. Have you adopted from a New York shelter or rescue organization before? ___ Yes ___ No

If yes, which organization? _____

If yes, where is that animal now? _____

11. Do you or any members of our family have allergies to animals? _____ Yes _____ No

12. Are there children in your home? _____ Yes _____ No If yes, how many? _____

If yes, what are their ages? _____

13. Do you travel for business or vacation? _____ Yes _____ No If yes, who will provide

for your animal(s) while you are away? _____

14. If you share a dwelling, are other members of the household in agreement concerning the

adoption of an animal? _____ Yes _____ No If yes, who is in agreement? _____

15. What is your veterinarian's NAME, ADDRESS & TELEPHONE NUMBER?

Name: _____

Address: _____

Telephone Number: _____

16. Have you considered the expenses for maintaining an animal? (Medical check-ups, food, litter, toys, emergencies, etc.) _____ Yes _____ No

17. Do you have screens on your windows: _____ Yes _____ No

18. How did you hear about PLACE FOR CATS? _____

19. If a behavior problem arises, please state your plan of action: _____

20. What arrangements have you made for the animal(s) in the event of your incapacitation or sudden death: _____

21. NAME, ADDRESS & TELEPHONE NUMBER of attorney for verification of arrangements for your pet and/or pets in your household as you provided in your Last Will:

Name: _____

Address: _____

Phone: _____

22. Drivers' License (State & ID #) _____

_____ (Print)

Name of Applicant

_____ (Sign)

Signature of Applicant

Date of Application



ADOPTION FEE IS NON-REFUNDABLE

YOUR INFORMATION IS KEPT STRICTLY CONFIDENTIAL, IS NOT SOLD, TRADED, PLACED ONLINE, PUBLICIZED OR USED IN ANY WAY OTHER THAN IN CONNECTION WITH ADOPTING FROM PLACE FOR CATS.