

Save-A-Pet of Niagara
 County Inc.
 Cat Adoption
 Application
 PO Box 114 Newfane, NY
 14108
 (716) 559-3020



Animal ID Number _____

Name		Phone No:	
Address		Cell No:	
City, State, Zip		Email:	
Driver's License No:		State:	
Employer's Name:		Phone No:	
Have you or a family member be found guilty of animal cruelty?			No
Will anyone reside in your home that has been found guilty of animal cruelty?			No
NOTE: Niagara County Law requires that rescue groups & shelters check Niagara County Sheriff Animal Abuser Registry.			

Who is your present veterinarian? If none, at this time, who do you plan on being your veterinarian?

Name:		Phone No:	
Address:		Fax No:	

List 2 references other than family members (you may use your veterinarian). Someone that knows you and can provide insight on your character, how you feel about pets, how you treat pets, etc. These references cannot live in your household.

Name:		Phone No:		Email:	
Name:		Phone No:		Email:	

What Type of home do you live in?	<input type="checkbox"/>	House	<input type="checkbox"/>	Condo/Townhouse	<input type="checkbox"/>	Apartment	<input type="checkbox"/>	Mobile Home
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Do you own your own residence?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If you rent, please provide the landlord's or owner's name and number. You must have approval to have a pet from your landlord or home owner. Please provide a copy of the lease stating that you are allowed a pet. Also provide the information so that we may contact them.

Name:		Contact Phone No:	
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Number of people residing in your home including yourself: ____ . List the name, age, and relationship

Name	Age	Relationship	Allergies to animals

Reasons why you wish to adopt a pet: _____

Are they currently other pets in your home:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, list the following:

Pet's Name	Type of Pet	Breed	Age of Pet	Neutered	Up to date on shots	Indoor

What reasons might cause you to return this pet? _____

Please review the following adoption policies & information

Must be at least 18 years old. ____ (initial)

Have the knowledge & consent of all adults living in your household. ____ (initial)

Have a valid government issued photo ID. ____ (initial)

Have the consent to bring an animal onto and into the property. ____ (initial)

Understand that Save-A-Pet reserves the right to refuse the adoption of any animal. ____ (initial)

Can you afford veterinary care, grooming, emergency expenses, supplies, food for the entire lifetime of this pet?

(These expenses can often add up to hundreds of dollars each year) Yes No ____ (initial)

All pets making the transition from Save-A-Pet to a new home need time to adjust to a new family and new surroundings and may require housetraining and behavior training. Are you willing to provide any needed training?

Yes No ____ (initial)

Sterilization – All dogs and cats are neutered prior to finalizing the adoption. For some, this surgery will have been recent, so please take special care to keep the surgical area clean and dry

Return Policy – If you should need to return a pet, please contact Save-A-Pet to schedule an appointment

NO REFUNDS – No refunds will be given for returned animals. Please think about your adoption decision carefully and thoroughly!

Ownership Agreement – As the new owner, you agree to take full responsibility for the care and well-being of this pet for his/her lifetime. Once the adoption is finalized, you will be responsible for all medical bills and decisions regarding this pet.

I have read, understand, and agree to abide by the above mentioned policies.

Print Name

Signature

Date