



# Application to Adopt

## Section 1 - Animal(s)

Name(s) of Animal(s): \_\_\_\_\_

Desired gender of animal(s): \_\_\_\_\_ Desired age of animal(s): \_\_\_\_\_

Will you consider a special needs animal(s)? \_\_\_\_\_

When will you take your animal(s) home? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

How did you hear about this animal? \_\_\_\_\_

Why did you choose this animal?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section 2 - Adopter

If there is a second adopter, please have them complete **Section 4**.

All adopters must sign **Section 5** below.

*Shaded fields are required by law in New York City*

Legal first name \_\_\_\_\_ Legal last name \_\_\_\_\_

Date of birth \_\_\_\_\_ Preferred first name \_\_\_\_\_

Pronouns \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Are you allergic to cats? \_\_\_\_\_ Do you plan to travel extensively or move abroad? \_\_\_\_\_

Who will care for your animal if you are away? \_\_\_\_\_

Who will care for your animal if you are no longer able to? \_\_\_\_\_

Occupation \_\_\_\_\_

If not employed, means of support \_\_\_\_\_

If employed, employer information

Employer \_\_\_\_\_

Street \_\_\_\_\_ Floor/Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Ext \_\_\_\_\_ Start Date \_\_\_\_\_



# Application to Adopt

## Business reference (e.g., manager, colleague, client)

First Name \_\_\_\_\_ Last name \_\_\_\_\_

Phone \_\_\_\_\_ Ext \_\_\_\_\_ Email \_\_\_\_\_

Affiliation \_\_\_\_\_ Years known \_\_\_\_\_

## Personal reference (someone who knows your history with animals)

First Name \_\_\_\_\_ Last name \_\_\_\_\_

Phone \_\_\_\_\_ Ext \_\_\_\_\_ Email \_\_\_\_\_

Affiliation \_\_\_\_\_ Years known \_\_\_\_\_

## Veterinarian for Current or Previous Animals

Clinic name \_\_\_\_\_

Street \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Animal(s) name(s) \_\_\_\_\_

Name of person records are listed under \_\_\_\_\_

## Companion Animal History

Have you had companion animals before? \_\_\_\_\_

If so, what kind (e.g., cats, dogs) and where are they now? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you given up a companion animal for adoption? If so, why? \_\_\_\_\_

\_\_\_\_\_

How do you feel about declawing? \_\_\_\_\_

Have you previously had, a cat that was declawed? \_\_\_\_\_

If yes, why was the cat declawed? \_\_\_\_\_

## Section 3 - Residence where animal(s) will live

Street \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Apartment \_\_\_\_\_ House \_\_\_\_\_ Other, please describe \_\_\_\_\_



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Is this the primary residence of the Adopter? \_\_\_\_\_

If there is a second adopter, is this the primary residence of that adopter? \_\_\_\_\_

Own \_\_\_\_\_ Rent \_\_\_\_\_ Sublet \_\_\_\_\_ Other, please describe \_\_\_\_\_

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

Are companion animals allowed? \_\_\_\_\_

How many hours a day will the animal(s) be left alone? \_\_\_\_\_

Do all windows have screens? \_\_\_\_\_ If so, built-in \_\_\_\_\_ or accordion \_\_\_\_\_

If no screens, how much do the windows open \_\_\_\_\_

If no screens, is there a safety mechanism to restrict the opening? \_\_\_\_\_

Is there a balcony or terrace? \_\_\_\_\_ If so, is it entirely enclosed? \_\_\_\_\_

Is there a yard? \_\_\_\_\_ If so, is it fenced in? \_\_\_\_\_

Will the animal(s) go outside? \_\_\_\_\_

Do other people in addition to the adopter(s) live in the home?

| Legal Name | Age   | Relationship |
|------------|-------|--------------|
| _____      | _____ | _____        |
| _____      | _____ | _____        |
| _____      | _____ | _____        |
| _____      | _____ | _____        |
| _____      | _____ | _____        |

Is anyone in the home: allergic to cats? \_\_\_\_\_ a smoker? \_\_\_\_\_

Do other animals live in the home?

| Species | Breed | Age   | M/F   | Sterilized | Vaccinated |
|---------|-------|-------|-------|------------|------------|
| _____   | _____ | _____ | _____ | _____      | _____      |
| _____   | _____ | _____ | _____ | _____      | _____      |
| _____   | _____ | _____ | _____ | _____      | _____      |
| _____   | _____ | _____ | _____ | _____      | _____      |
| _____   | _____ | _____ | _____ | _____      | _____      |

Are any cats positive for FIV+? \_\_\_\_\_ FeLV+? \_\_\_\_\_ Declawed? \_\_\_\_\_

If any cats are declawed, why? \_\_\_\_\_



# Application to Adopt

## Section 4 – Second Adopter (if applicable)

*Shaded fields are required by law in New York City*

Legal first name \_\_\_\_\_ Legal last name \_\_\_\_\_

Date of birth \_\_\_\_\_ Preferred first name \_\_\_\_\_

Pronouns \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Are you allergic to cats? \_\_\_\_\_ Do you plan to travel extensively or move abroad? \_\_\_\_\_

Relationship to Adopter 1 \_\_\_\_\_ Occupation \_\_\_\_\_

If not employed, means of support \_\_\_\_\_

If employed, employer information

Employer \_\_\_\_\_

Street \_\_\_\_\_ Floor/Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Ext \_\_\_\_\_ Start Date \_\_\_\_\_

**Business reference** (e.g., manager, colleague, client)

First Name \_\_\_\_\_ Last name \_\_\_\_\_

Phone \_\_\_\_\_ Ext \_\_\_\_\_ Email \_\_\_\_\_

Affiliation \_\_\_\_\_ Years known \_\_\_\_\_

**Personal reference** (someone who knows your history with animals)

First Name \_\_\_\_\_ Last name \_\_\_\_\_

Phone \_\_\_\_\_ Ext \_\_\_\_\_ Email \_\_\_\_\_

Affiliation \_\_\_\_\_ Years known \_\_\_\_\_

**Veterinarian for Current or Previous Animals**

Clinic name \_\_\_\_\_

Street \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Animal(s) name(s) \_\_\_\_\_

Name of person records are listed under \_\_\_\_\_



# Application to Adopt

## Companion Animal History

Have you had companion animals before? \_\_\_\_\_

If so, what kind (e.g., cats, dogs) and where are they now? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you given up a companion animal for adoption? If so, why? \_\_\_\_\_

\_\_\_\_\_

How do you feel about declawing? \_\_\_\_\_

Have you previously had, a cat that was declawed? \_\_\_\_\_

If yes, why was the cat declawed? \_\_\_\_\_



# Application to Adopt

## Section 5 - Certification / Authorization

1. I understand that completion of this form is the first step in the adoption process and does not guarantee an adoption.
2. The information provided on this application is complete and accurate to the best of my knowledge.
3. I am adopting this animal as a companion animal for myself. This animal will not be a mouser, store cat, barn cat, etc. This animal is not a gift.
4. An animal can live to be 20+ years. I am prepared to make that commitment.
5. I will not move to a place where my companion animal(s) are not allowed.
6. If my application is approved and I proceed with the adoption, I agree to pay the adoption fee \$150 per animal.
7. Animals are spayed/neutered prior to adoption unless there is a medical reason not to (e.g., the animal is too young). If the animal is not already spay/neutered I agree to have that procedure performed within 30 days of the animal becoming medically eligible. The cost will be covered by FOR ANIMALS, INC., provided that I use a veterinarian approved by the organization. If I elect to use a different veterinarian, I will be responsible for the entire cost of the procedure.
8. Except as described above, I will be responsible for all veterinary costs after the animal is adopted.
9. No one in the household has been convicted of animal neglect, animal cruelty, or domestic violence.
10. I authorize FOR ANIMALS, INC. to contact all references provided.
11. FOR ANIMALS, INC. reserves the right to make an in-home screening visit and, if an adoption takes place, to deliver the animal(s) to ensure that I will provide a hazard free home.
12. If for any reason whatsoever this adoption does not work out, I agree to return the animal(s) to FOR ANIMALS, INC. and only to FOR ANIMALS, INC. or to another adopter approved by FOR ANIMALS, INC.

I acknowledge that I have read and agree to the numbered items above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Adopter

Signature \_\_\_\_\_ Date \_\_\_\_\_

Second Adopter  
(if applicable)