

Home Sweet Home Animal Rescue Of Long Island, Inc.

Cat Adoption Application

Cat you would like to adopt: _____ Date: _____

Adoption donation : \$100 per cat

Phone- 631-495-5787 for questions (Mary)
 Fax to - 631-223-3775 or scan and email to
 maryhshli@gmail.com

APPLICATION MUST BE FILLED OUT IN FULL BEFORE IT IS PROCESSED FOR APPROVAL.

Name:	Phone:		Best time to reach you:		
	Cell:				
	Work:				
Address:	Do You? Rent Y/N Own Y/N Are pets permitted? Y/N		Who do you Live with? (list all and ages)		
City/Zip:	Circle one: Married Single Co-Habiting		Do all your doors and windows have screens?		
Email:	Employed at:		D.O.B		
Why do you want a cat?	Who is the cat for?		Will the cat be outdoor or indoor only? explain		
Does anyone in your home have allergies? Y/N	Name of vet/Phone:		Have you ever owned an animal before?		
Please list your current and previous pets starting with those currently with you.					
Name	Species/breed	Sex	Age	Spayed/Neutered?	Pet Status
Have your pets been Vaccinated this year? Y/N			Do your pets see your vet for annual checkups? Y/N		
Can you afford an unanticipated vet bill of \$500? Y/N			Have your current cats been tested for feline leukemia and AIDES? Y/N Date:		
Are your cats declawed Y/N	Do you plan to declaw Y/N				
How many hours a day will the cat be left alone:			Do you drive: Y/N		
Do you own a pet carrier: Y/N			What brand of wet food do you feed:	What brand of dry food do you feed:	
Who would care for your pet if you were unable to:			When on vacation for more than 3 days? (circle one) Leave alone with water and food Board the cat Take the cat with you Don't take long vacations Leave the cat alone with someone stopping in Leave the cat in someone else's house		
References: (other than a family member)			Name/number		
References: (other than a family member)			Name/number		
Cat you wish to adopt:			Would you consider a pair? Y/N/ Maybe		