

Feline Adoption Application



The Animal Service League, Inc.
10 Dubelbeiss Lane, Rochester, NY 14622
(585) 342-6099 / Web: www.animalserviceleagueny.org
Email: animalserviceleague@hotmail.com

Date of application: _____ Cat applying for: _____

Applicant Information

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Primary contact #: _____ Email: _____

Are you 21 years of age or older? Yes No Are you 65 years of age or older? Yes No

Do you own or rent your home? _____

Renters: An ASL representative will need verbal confirmation from your landlord that you are allowed to house the animal you are applying for.

Landlord Information

Name: _____ Phone #: _____

Household and Lifestyle Information

Please describe your current residence (single home, townhouse, duplex, apartment, student housing, dormitory, etc.):

How long have you lived at your current residence? _____

Do you plan to move within the next 12 months? Yes No

Do you live with roommates? _____

If so, are they in agreement with you placing an animal in the home? Yes No

Number of adults living at home: _____ Number of children living at home: _____

Please provide the ages of all the children living in the home: _____

Are there other animals living at your residence that you do not own? Yes No

Is anyone in your home a smoker? Yes No

Does anyone in your household have any known or suspected allergies? Yes No

If yes, please explain who and the nature of the allergy: _____

Pet Information

Why are you interested in adopting a cat at this time? _____

Is this cat a gift? Yes No

Where will your cat live?

Indoors only

Indoors only with limited outdoor access (leash, harness, stroller, fenced backyard, deck, etc.)

Indoors and outdoors

Outdoors only

Will you declaw your cat? Yes No

Approximately how many hours will the cat be left alone each day? _____

Where will the cat stay during that time? _____

Do you travel often? Yes No (If yes, explain what you will do with the cat while you are away.)

Will your cat be allowed on the furniture? Yes No

What behavior do you consider unacceptable for your cat? Please be specific. _____

How will you handle behavioral issues? _____

What would cause you to return this cat? Please be specific. _____

Our contract requires that you provide veterinary care including annual wellness exams, vaccinations and parasite checks for this cat. Is this something you will agree to? Yes No

Are you financially prepared to provide annual vetting, supplies, food, and emergency care for this animal? Yes No

Please list any pets you currently own:

Name	Type of pet	Age	Gender	Spayed or neutered (y/n)	Declawed (y/n/na)	Vaccinated (y/n)	Years owned	Does this pet go outside?

If you currently own a dog, has it ever lived with cats before? Yes No

If yes, please explain in what capacity and for how long. _____

Please list any pets you have owned in the past:

Name	Type of pet	Gender	# of years owned	Dates (yrs) owned	What happened to the pet?

Do you currently have a veterinarian or have one that you used in the past? Yes No

ASL will need to verify a full medical history of your pets as a reference. Please provide the information requested below for EACH vet your pet has ever been associated with. Please contact each vet to authorize permission for them to speak to an ASL representative.

Name of veterinarian or animal hospital: _____
 Phone #: _____ Pets on record: _____

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Have you ever euthanized an animal for non-medical reasons? Yes No

Have you ever surrendered a pet to a shelter or rehomed a pet? Yes No

Will you allow a representative from ASL to do a home visit? Yes No

Have you applied to adopt an animal through another rescue group or shelter within the past 12 months? Yes No

How did you hear about ASL? _____

The Animal Service League, Inc. reserves the right to decline or deny any application for adoption for any reason.

I verify that all information provided on this application is true and accurate to the best of my knowledge.

Signature of applicant

Date