

SPRING FARM CARES
3364 STATE RT. 12, CLINTON, NY 13323
Kim: (315)796-8451 Crystal: (315)796-5446
Fax: (315) 737-8507

www.springfarmcares.org email: information@springfarmcares.org

Adoption Application

Animal(s) you would like to adopt:

1. Name: _____ Species: _____ Breed: _____
Est. DoB: _____ Approx. Age: _____
Gender: _____ Spayed /Neutered: _____ Color Grp/Color: _____

2. Name: _____ Species: _____ Breed: _____
Est. DoB: _____ Approx. Age: _____
Gender: _____ Spayed /Neutered: _____ Color Grp/Color: _____

Adoptive Parent Information

Last Name _____ First Name _____ M.I. _____

I am 18 years old or older: ___ Yes ___ No

Address (incl. Apt No) _____

City _____ State _____ Zip code _____ Country _____

Home Phone _____ Work _____ Cell _____

e-mail: _____ Driver's Lic # and State _____

Are you currently employed? ___ Employer: _____ Work phone: _____

Do you own or rent your home? _____ How long at address? _____

If renting, landlord's name, address and phone number (**A letter from your landlord permitting you to have animal(s) on premises must accompany this application**):

How many adults (18 years or older) live in your household? ___

How many children under 18 live in household? ___ List their ages: ___ ___ ___ ___ ___

For who are you interested in adopting this animal (name and relationship)?

Address where animal will live:

Who will be responsible for the care and cost of animal?

Where will the animal(s) be kept during the day?

When left alone?

At night?

While you are on vacation?

How long will the animal(s) be left at home alone?

Do you have someone to care for the animal in the event of an illness or emergency? _____

If yes, relationship of that person to you? _____

Dogs and cats can live to be 15-20 years old or more. Can you commit to caring for an animal for this long? _____

Reason for adopting:

Are all other family members in your household in agreement with adopting? _____

Have you ever adopted before? ____ If yes, what kind of animal(s), when and from whom?

Do you still have the animal(s)? ____ If "no", what happened to it/them? _____

Have you ever taken an animal to an animal shelter? ____ If "yes", what were the circumstances?

Are you prepared to pay for:

Medical treatment (including emergencies which can be very costly): ____
Vaccinations: ____ Wormings and Flea control: ____
Spay/neuter, if necessary: ____ Licensing (if applicable): _____

Name of your veterinarian (incl. vet hospital if applicable): _____

Phone number including area code: (____) _____

Address: _____

Names, addresses, and phone numbers of
2 personal references **not** related to you.

How long have
they known you?

- 1-

- 2-

Are you prepared to sign a legally binding contract outlining responsible pet care and **mandatory** spaying/neutering of this animal? _____

Please list the animals **currently** in your household:

Species Age Type/breed Sex Spay/neutered? Vaccinated? Licensed? Source?

List animals owned in the past 5 years *other* than above:

Type/breed Time owned Age Spayed/neutered? What happened to it?

Does any member of your family have allergies? ____

What would you do with your pet if you had to move?

How are you prepared to handle house training and an animal's natural need to chew and scratch?

Have you had an animal die on your premises of distemper, leukemia, parvo or unknown causes in the past 3 months? _____

Have you or any member of your household been convicted of animal cruelty or had animals removed from your home?

We sincerely hope that we can be of service to you. The application you have just completed is designed to help us determine if the adoption is in the animal's best interest and to place our animals in permanent responsible homes. We want to assist you in finding the pet most compatible with your lifestyle. Because the animal's welfare must be our foremost consideration, we reserve the right to deny any adoption.

Although we are not a veterinary hospital and cannot guarantee the temperament or health of our animals, we do not ever knowingly mislead our visitors about any animals.

I understand the above questions and that misrepresentation or omission of facts requested may be cause for denial of adoption application. I also understand there is an adoption fee of \$50.00 per animal.

I understand that upon acceptance of this application, that I will sign an adoption contract, which includes provisions for a home visit and that if for any reason I can no longer keep or care for this animal, that it must be returned to Spring Farm CARES. I understand that any cat I adopt from Spring Farm CARES must not be declawed. I understand that Spring Farm CARES does not routinely test for Feline Leukemia or FIV and should I want this test done before this adoption is finalized, it will be my responsibility to pay for this test, unless the results come back positive, in which case Spring Farm CARES will pay for the test and the cat will then remain in the care of Spring Farm CARES. Spring Farm CARES will not knowingly adopt out any cat that is Feline Leukemia or FIV positive or that we know to have any illness or condition that is previously known to us, without full disclosure to the adopter.

Signature of potential Adoptive Parent

Date of Application

Office Use Only

_____ Adoption fee/donation collected _____ Leukemia test waived, if not, result of test _____

_____ NYS License (verify that it is on application on front)

_____ Application approved. Name and date of authorized personnel: _____

_____ Application denied. Name and date of authorized personnel: _____

Reason for denial: