



St. John Feral Cat Fund

St. John Feral Cat Fund, Inc.
P.O. Box 2884
Plattsburgh, New York 12901
(518) 645-4064

Adoption Application/Contract

Group #4180




Animal's Name _____

Please read the following information prior to completing and remitting this contract.

Adoption Fees

Our adoption fees help offset the cost of cats in our care, including those we have borne on the cat or kitten you are interested in adoption. All adoption fees help save another life and contribute towards our ability to sterilize another homeless cat. By adopting from us, you are saving not only one life but two. We thank you for your interest and support of our organization.

Our adoption fees are as follows:

-  Spayed Female Cat or Kitten (including rabies vaccinations): \$75.00
-  Neutered Male Cat or Kitten (including rabies vaccinations): \$70.00
-  Kittens (not sterilized): \$65.00

Low Cost Spaying/Neutering

The St. John Feral Cat Fund is pleased to advise that low cost spay and neutering services are available via the Green Mountain Animal Defenders clinic. Their current rate for spays and neuters is \$40.00 per cat. Please contact them at 1-802-878-2230 for more information.

Application Process

To adopt a cat from the St. John Feral Cat Fund, you must complete an adoption application in its entirety. Incomplete applications will not be considered. Applications are not reviewed on weekends or over holidays. There is a 24-48 hour waiting period for applications to be reviewed and approved or denied.

If your application is approved, you will be notified and arrangements will be made to pick up your new pet. Please understand that the SFCF receives a high volume of applications per week and is unfortunately unable to notify applicants of denied applications. If you do not hear from us within 48 weekday hours regarding your application, please contact us if you have questions on its status.

Return Period

All adoptions have a two week return period. During that time, you must contact the Director as soon as you determine that your new pet is not suitable for your family and lifestyle. We will accept your pet back into our program. In most circumstances, you will have the opportunity to adopt another pet in its place.

Spay/Neuter Commitment

All kittens MUST be sterilized by six months of age. Failure to do so gives the SFCF authority to take possession of the animal and relinquishes ownership from the adoptive family.

Statement of Health

All felines adopted from the SFCF are healthy to our knowledge and have been checked by a veterinarian prior to being offered for adoption. The history on homeless cats and kittens is not always known. The SFCF is not fiscally responsible for any illness that may develop following adoption. By signing below, I am acknowledging this statement.

Signature _____ Date _____

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To apply for adoption, please complete all questions below and remit this application to the St. John Feral Cat Fund for Review.

Animal's Name _____ #4180

1. General Information

Name: _____ Date: _____

Partner/Spouse's Name: _____

Street Address: _____

(City)

(State)

(Zip Code)

Day Phone: _____ Evening Phone: _____

Email: _____

2. Residence Information

Do you: _____ Rent _____ Own

A/an: Apartment _____ House _____ Mobile home park _____

Landlord's Name: _____ Landlord's Phone: _____

Do you or your partner have children? ___No ___Yes: (list ages)

3. Companion Animal History

Do you own other pets? ___No ___Yes

Please list/describe other pets:

Are all pets spayed and neutered? ___No ___Yes

Have you ever had the type of pet you are applying for? ___No ___Yes

How long did you have the animal? _____

Are you prepared to make a 10-20 year commitment to this animal? ___No ___Yes

What kind of behavior do you feel unable to accept of this animal?

4. Responsibility

A new pet requires time to adjust to a new environment. Are you willing to allow at least 2 weeks for this adjustment period? ___No ___Yes

*******Please Note:** If animal is returned prior to the 2 week time period no money will be refunded unless something has been worked out with SFCF Executive Director prior to adoption.*****

Are you aware that the cost of vet care for a pet can be anywhere from \$60 to \$200 annually? ___No ___Yes

Are you financially secure to care for this animal? ___No ___Yes

*******Please Note:** Costs include feeding a well-balanced diet, providing routine veterinary care (vaccinations, physicals, heartworm test and prevention and intestinal/parasite test) as well as providing any emergency care.*****

New York State Law requires that every animal adopted from a shelter must be spayed or neutered prior to adoption, within 30 days of adoption (if 4 months or older), or within 30 days of your cat or kitten becoming 4 months of age.

Will you have this animal spayed or neutered? _____ Yes _____ No

Will you be trimming nails? _____

Who is your veterinarian? _____ Phone: _____

Have you ever surrendered an animal? ___ No ___ Yes

What was your reason and where is the animal now?

How do you feel about signing a legal contract agreeing to sterilization, pet owner responsibility, etc...?

5. Employment Information

Are you: ___ Working full-time ___ Working part-time ___ Retired
___ Attending school ___ Homemaker ___ Other

Employer's name: _____ Phone: _____

6. References

Please list two references (preferably not a relative):

Name: _____ Phone: _____

Name: _____ Phone: _____

By signing below, I certify that the information I have given is true and accurate. I authorize the staff of SFCF to contact landlords, veterinarians, employers, and/or references in order to investigate all statements in this application. I reserve the right of SFCF employees and board members to conduct the follow-up telephone calls as well as property checks in order to ensure the happiness, safety and well being of my adopted companion animal. I agree to relinquish ownership of my adopted companion animal to SFCF if found at anytime that I am in any way acting against this legal contract.

Applicant Signature: _____ Date: _____

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This portion of the adoption application is to be filled out by SFCF employees upon reviewing the completed adoption application.

Adoption application status: ___ Approved ___ Denied ___ Pending

Approved by: _____ Date: _____

Comments: _____

