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PO Box 226  
Malone, NY 12953  
Fax: 518.358.2595

## Adoption Application/Agreement

### Adoption Procedure

To adopt a pet from the FCSPCA, you must complete this application in its entirety and remit it to FCSPCA. Upon receipt of your application, there is a 24-48 hour waiting period to allow time to process your application and to contact employers, references, veterinarians, and landlords as applicable. Applications are not processed on weekends. If your application is approved, you will be contacted and we will make arrangements with you to pick up your new pet.

### Feline Adoptions

FCSPCA strongly recommends that all cats and kittens adopted be kept as indoor pets for health and safety reasons. They also request that adopted cats and kittens not be declawed unless medical reasons necessitate otherwise.

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 SJFCF is not fiscally responsible for any illness that may develop following adoption. By signing below, I am acknowledging this statement.

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

### What to Do if Your Circumstances Change

If your circumstances change (allergies, moving, having a baby, other) and you are no longer able to care for this pet, please contact us for assistance in placing the pet into a suitable home before placing him/her into a third party home (friend/relative/other). FCSPCA seeks to track our adoptions, and has a network within the community to help place pets in suitable homes.

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#### 1. Animal to be Adopted

Animal's Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Description: \_\_\_\_\_

Gender: \_\_\_ Male \_\_\_ Female      Altered?\* \_\_\_ Yes \_\_\_ No

Why do you wish to adopt this pet? (For a companion for yourself, for a gift, other): \_\_\_\_\_

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If adopting as a gift, is the recipient aware?  Yes  No

*\*Please Note: New York State Law requires that every animal adopted from a shelter be spayed or neutered prior to adoption, within 30 days of adoption (if 4 months or older), or within 30 days of becoming 4 months of age.*

## 2. General Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Partner/Spouse's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## 3. 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)

## 4. 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? \_\_\_\_\_

Have you ever surrendered an animal?  No  Yes

What was your reason and where is the animal now? \_\_\_\_\_

## 5. Responsibility

Are you prepared to make a 10-20 year commitment to this animal? \_\_\_No \_\_\_Yes

Who is your veterinarian? \_\_\_\_\_ Phone: \_\_\_\_\_

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

If your circumstances change (e.g. graduation, transfer, etc.), what are your plans for this animal?

\_\_\_\_\_

## 6. Employment Information

Are you: \_\_\_Working full-time \_\_\_Working part-time \_\_\_Retired

\_\_\_Attending school \_\_\_Homemaker \_\_\_Other

Employer's name: \_\_\_\_\_ Phone: \_\_\_\_\_

## 7. 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 FCSPCA to contact landlords, veterinarians, employers, and/or references in order to investigate all statements in this application. I reserve the right of FCSPCA 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 FCSPCA if found at any time 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 FCSPCA employees upon reviewing the completed adoption application.**

Adoption application status: \_\_\_Approved \_\_\_Denied \_\_\_Pending

Comments: \_\_\_\_\_

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\_\_\_\_\_