

Orange Street Cats  
www.orangestreetcats.org  
518-533-5242



CAT ADOPTION APPLICATION

We at Orange Street Cats (OSC) are responsible for the welfare of the animals we place in adoptive homes. We take great care in selecting an appropriate adoptive home for each animal. Please fully and carefully complete the following questionnaire to assist us in this endeavor. Completion of this application is a requirement for adopting an OSC cat, but does not imply or guarantee approval for adoption. We reserve the right to use our own discretion in choosing the best adopter for a specific animal. OSC is registered with NYS Ag & Markets, #RR278.

**Cat of Interest** \_\_\_\_\_ **Description** \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

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

How long have you lived at this address? \_\_\_\_\_

Previous address, if less than 1 year: \_\_\_\_\_

Do you live in a (circle): House Apartment Mobile Home Dormitory

Do you live in the (circle) City Suburbs Country Campus

Do you (circle) Rent Own Live with parents

If you rent: Landlord's name: \_\_\_\_\_

Landlord's Phone: \_\_\_\_\_

Does your landlord consent to having animals of the premises? \_\_\_\_\_

Do you have a lease? \_\_\_\_\_ Expires: \_\_\_\_\_

**Please provide a letter from the landlord or a copy of the lease indicating that pets are allowed.**

**I am aware of any limitations on the number of animals my municipality imposes and state that I am not over those limitations \_\_\_\_\_ (Initial).**

Employer: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Part-time Full-time How long? \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Previous employer, if less than 1 year: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Length of employment: \_\_\_\_\_

If you are not employed, what is/are your source(s) of income? \_\_\_\_\_

Are you a student? \_\_\_\_\_ If yes, where? \_\_\_\_\_ Years completed: \_\_\_\_\_

How did you hear about Orange Street Cats? \_\_\_\_\_

Why do you want a cat? \_\_\_\_\_

Have you ever owned a cat before? Yes No

Circle all that apply: Indoor Only Indoor/Outdoor Outdoor Only Declawed

If the cat(s) is no longer with you, please list and explain why (for example, deceased, lost, gave away, etc)?

Where will this cat live? \_\_\_\_\_

Do you plan to allow the cat to go outdoors? \_\_\_\_\_

Do you plan to declaw this cat? \_\_\_\_\_

Number of people living in residence \_\_\_\_\_ Ages \_\_\_\_\_

Do you or any of the other people in your residence smoke? \_\_\_\_\_

Do you or any of the other people in your residence have allergies? \_\_\_\_\_

Explain \_\_\_\_\_

Do the other people in your residence consent to your adopting this cat? \_\_\_\_\_

Will the cat be left alone while you are at work? \_\_\_\_\_ How long? \_\_\_\_\_

Who will have primary responsibility for taking care of the cat (changing litter box, feeding, etc.)?

Are there currently other pets in the household? \_\_\_\_\_ If so, please list number and type(s)

Do your pets get along with cats? \_\_\_\_\_

Are your pets all spayed or neutered? \_\_\_\_\_ Are they current on vaccinations? \_\_\_\_\_

Date of last visit to vet: \_\_\_\_\_

Name of your veterinarian: \_\_\_\_\_

**I give Orange Street Cats permission to contact my veterinarian \_\_\_\_\_ (Initial).**

**Read the statements below and initial:**

I understand the responsibilities & commitment of pet ownership including but not limited to: medical care, feeding, grooming, routine vet care, and adhering to the veterinarian recommended vaccination schedule \_\_\_\_\_

I am willing and able to be responsible for this cat the remainder of its life, potentially 20 years or more \_\_\_\_\_

I understand that veterinary care for this cat may cost **\$400** per year at **minimum** \_\_\_\_\_

I understand that a new cat may take several weeks to adjust to you, its new home and other pets \_\_\_\_\_

**I grant permission for photographs of me and my family to be used on OSC's website and social media \_\_\_\_\_**

**Please provide a picture identification (preferably a driver's license) at the time of submitting your application.**

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

**To be completed by Orange Street Cats volunteer:**

Identification submitted: Driver's License - State: \_\_\_\_\_ Number: \_\_\_\_\_

Other ID: \_\_\_\_\_ Registry checked: \_\_\_\_\_

Approval pending meet and greet:  Meet and greet completed:

Orange Street Cats By: \_\_\_\_\_ Date \_\_\_\_\_