

**SPRING FARM CARES**  
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## **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

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**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: