Print Form

SMITHTOWN ANIMAL SHELTER AND ADOPTION CENTER

CAT ADOPTION QUESTIONNAIRE

Which animal or what is the name of the animal you are interested in: _____

DIRECTIONS: **Tab thru and fill out all highlighted areas, check (X) selected boxes, copy to "MY DOCUMENTS" save as a WORD DOCUMENT , then attach to a E Mail, send to: sasac@tosgov.com (DO NOT SEND AS A ZIP FILE)**

Filling out this application does not guarantee you the adoption of an animal.

Date: _____

Name: _____ **A.K.A.** _____

Street Address: _____

Town: _____**State** _____**Zip Code** _____

Mailing Address (if different): _____

Home Phone #: _____**Work Phone #:** _____

E Mail Address: _____

PLEASE ANSWER ALL THE FOLLOWING QUESTIONS

1) Are you over 21? ☐ Yes ☐ No

2) Do you own your home☐, rent,☐ or live with a relative☐?
   a) Name and number of landlord? _____

3) How many adults live in the household? _____

4) How many children live in the household? _____

5) What are their ages? _____

6) Are you adopting this animal for someone else? _____

7) Where will the cat be kept? ☐ Indoors ☐ Outdoors ☐ Indoors & Outdoors

8) Do you currently own any animals? ☐ Yes ☐ No

PLEASE TELL US SOMETHING ABOUT THEM

Animal #1

Breed _____
Sex: ☐ Male ☐ Female
Spayed / Neutered? : ☐ Yes ☐ No
Age? _____Name _____
Last Vet Visit?_____

Animal #2

Breed _____
Sex: ☐ Male ☐ Female
Spayed / Neutered? : ☐ Yes ☐ No
Age ? _____Name _____
Last Vet Visit? _____

APPROVED: THIS ANIMAL
INITIAL _____

DISAPPROVED: *ALL ANIMALS* *INITIAL* _____
THIS ANIMAL *INITIAL* _____

8) Have you ever owned any animals in the past? : ☐ Yes ☐ No

PLEASE TELL US SOMETHING ABOUT THEM

Breed: _____
Sex: ☐ Male ☐ Female
Spayed / Neutered? ☐ YES ☐ NO
Age: _____Name _____
Last Vet Visit? _____

Breed: _____
Sex: ☐ Male ☐ Female
Spayed / Neutered? ☐ YES ☐ NO
Age: _____Name _____
Last Vet Visit? _____

What happened to the animals? _____

What is the name and phone number of your veterinarian?

_____

May we contact him/her for a reference? _____

Do you object to a home visit? _____

VET'S COMMENTS:

	Y	N
UTD	☐	☐
FOL' DIR'	☐	☐
RED FLG'	☐	☐
SP' / NEU'	☐	☐

LAST VISIT _____

REC / TECH " " _____

If we were unable to match you with a suitable companion today, would you like us?

to contact you in the future if we receive or hear of a pet that would? ☐ Y ☐ N

PLEASE TELL US WHAT YOU ARE LOOKING FOR IN A CAT:

☐ Shorthaired ☐ Longhaired ☐ Either

Specific Breed? _____

Range of age you would consider? _____

☐ Male ☐ Female ☐ Either

Specific Color? _____Declawed? _____

Good w/children? _____ Good w/dogs? _____ Good w/cats?_____

OTHER? _____

Please list the names and phone numbers of three references we may contact:

_____

_____

_____

SHELTER INFORMATION:
OFFICE USE ONLY

410 EAST MAIN STREET, SMITHTOWN, NY 11787
Tel: (631) 360-7575 Fax: (631) 360-7973 E Mail: sasac@tosgov.com
See our pets: www.smithtowninfo.com

TOWN OF SMITHTOWN

SUPERVISOR

PATRICK R. VECCHIO

TOWN COUNCIL
Thomas J. McCarthy
Edward R. Wehrheim
Robert J. Creighton
Kevin J. Malloy

OFFICE OF THE ANIMAL SHELTER
GEORGE E. BEATTY
SHELTER SUPERVISOR

I_____A.K.A. _____hereby give
(Also Known As)
permission to _____ to release any medical information
(Animal Hospital)
about animal(s) that I have or had seen or treated to the staff of the Smithtown Animal Shelter.

ANIMAL'S NAME: _____SPECIES_____TYPE_____AGE_____

" " _____ " _____ " _____ " _____

" " _____ " _____ " _____ " _____

County of Suffolk) **SS:**

Sworn to before me this

____day of _____, 20___

_____

Notary Seal

NAME_____

ADDRESS_____

_____

PHONE_____

SIGNATURE X_____

DATE _____

410 EAST MAIN STREET, SMITHTOWN,NEW YORK 11787
TEL: (631) 360-7575 FAX: (631) 360-7973 E MAIL: **SASAC@tosgov.com**
www.smithtowninfo.com