

Siberian Paws NY Application

Contact Information

Full name: _____

Occupation: _____

Address: _____

How long at this address: _____

Daytime Phone: _____

Evening Phone: _____

Best time to call: _____

Email address: _____

Family & Housing

How many adults are there in your family (names and relationships)?

How many children (ages)?

What type of home do you live in single family, town home, apartment, farm, etc.?

Please describe your household: Active Noisy Quiet Average

If you rent, please give the rules governing pets and the landlord's name and number:

Does anyone in the family have a known allergy to cats? _____

Is everyone in agreement with the decision to adopt a cat? _____

Do you have time to provide adequate love and attention? _____

Other Pets

What other pets do you have (specify type and number)?

Are these pets up to date on vaccines? _____

Are these pets spayed/neutered? If not..why? _____

Have you every surrendered a pet? If so, why?

Have you ever had a pet euthanized? If so, why?

Have you ever lost a pet to an accident?

How do you discipline your pets and why?

Veterinarian

Do you have a regular veterinarian? Yes No

Veterinarian's name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____

About the Cat You Wish to Adopt

When are you ready to welcome your future kitten into your life ?

Desired sex: Female Male No preference

Please describe your ideal cat ?

Where is your cat will spend day and night (describe)?

Number of hours (average) cat will spend alone? _____

Who will have primary responsibility for this cat's daily care? _____

Who will have financial responsibility for this cat? _____

Do you agree to provide regular health care by a Licensed Veterinarian? Yes No

Do you agree to keep the cat as an indoor cat? Yes No