

# 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

Desired sex:  Female  Male  No preference

What is your Idea of an ideal cat? (*describe*)

---

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