ADOPTION APPLICATION

SPAY NEUTER ASSISTANCE PROGRAM
EMAIL: Adoptions@SNAPofPA.org
WEBSITE: HTTPS://SNAPofPA.ORG
LIKE US ON FACEBOOK: HTTPS://WWW.FACEBOOK.COM/SpayNeuterAssistanceProgram

*INDICATES REQUIRED FIELDS

PLEASE READ ALL QUESTIONS CAREFULLY AND ANSWER THEM COMPLETELY.

FAILURE TO PROVIDE COMPLETE INFORMATION WILL RESULT IN A DELAY IN PROCESSING YOUR APPLICATION.

FULL NAME*: _____ DATE*: _____

STREET ADDRESS*: _____ CITY*: _____ STATE*: _____ ZIP*: _____

EMAIL*: _____ HOME PHONE: _____ IN WHAT YEAR WERE YOU BORN?* _____

CELL PHONE: _____ BEST WAY TO REACH YOU: CELL PHONE / TEXT / EMAIL / HOME PHONE

WHICH CAT(S) ARE YOU INTERESTED IN?

HOW DID YOU LEARN ABOUT THIS CAT?*

IF YOU'D LIKE US TO HELP YOU CHOOSE, TELL US WHAT YOU ARE LOOKING FOR (SEX, AGE, COLOR, PERSONALITY, ETC.):

PERSONAL DETAILS

EMPLOYMENT STATUS (CIRCLE ALL THAT APPLY) FULL-TIME PART-TIME STUDENT RETIRED OTHER: _____

HOW LONG EMPLOYED THERE _____ EMPLOYER _____

DO YOU RENT OR OWN YOUR HOME?*: _____ LANDLORD'S NAME AND NUMBER (IF RENT): _____

IF YOU LIVE IN ANOTHER PERSON'S HOME (PARENT, RELATIVE, FRIEND), PLEASE PROVIDE THE HOMEOWNER'S NAME, PHONE NUMBER, AND RELATIONSHIP TO YOU.

IF YOU RENT, PLEASE LIST ALL PET RESTRICTIONS SPECIFIC TO CATS IN YOUR LEASE.

WE ENCOURAGE YOU TO REVIEW YOUR HOME OWNER, TOWNHOUSE, CONDO ASSOCIATION OR MUNICIPALITY RULES FOR PET RESTRICTIONS

HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS*: _____ IF YOU HAVE LIVED AT YOUR CURRENT ADDRESS LESS THAN 1 YEAR, PLEASE PROVIDE YOUR PREVIOUS ADDRESS.

HOW MANY ADULTS LIVE IN YOUR HOME, INCLUDING YOURSELF. WHAT IS YOUR RELATIONSHIP TO THEM?*

HOW MANY CHILDREN (LESS THAN 18) ARE IN YOUR HOME? WHAT ARE THEIR AGES?*

PET OWNERSHIP AND HISTORY

LIST AT LEAST ONE REFERENCE (WHO IS NOT A FAMILY MEMBER, SPOUSE, PARTNER, BOYFRIEND OR GIRLFRIEND) WHO IS FAMILIAR WITH YOU AND YOUR ABILITY TO CARE FOR PETS – NAME, RELATIONSHIP, PHONE NUMBER. HOW LONG HAVE YOU KNOWN THIS PERSON?*:

Please list all pets you currently have, including name(s), age(s) and species for each. Are they all spayed or neutered? Are they current on distemper and rabies vaccinations?*:

What is your current veterinary practice name phone number*:

List pets, both alive and deceased, who have been seen at this veterinarian's office in the past 5 years*:

Please provide practice name and phone number for any other vets that have records for any of your pets:

List pets, both alive and deceased, who have been seen at this veterinarian's office in the past 5 years:

Do we have permission to contact the veterinarian(s) listed as a reference for you?* Yes / No /I've never had a veterinarian

Please contact your vet(s) to OK the release of information to Spay Neuter Assistance Program

Have you ever lost or surrendered a pet?* If yes, please explain below. Yes / No

Is there a circumstance that would cause you to surrender this cat/kitten? If yes, please explain below*. Yes / No

If you should pre-decease or otherwise become incapacitated and unable to care for your pet(s), who have you appointed to take responsibility for them, and have they agreed to this role? Include name and contact information below. *(By providing this information you are indicating your approval for us to contact.)

Despite the best of care, animals can become ill and require extensive and expensive medical attention. Are you willing to provide the necessary treatment despite the fact that the cost for doing so can add up quickly and be quite costly?*

Yes / No

Is there anything else you'd like us to know?

By submitting this Application to Spay Neuter Assistance Program,
I certify that the information provided by me is true and correct to the best of my knowledge and belief.

By submission you are consenting to verification of all information provided on this application.

Acknowledgement of receipt of this application will come from adoptions@snapofpa.org. Please add it to your whitelist or monitor your spam folder for emails from this address.