

Park Slope Veterinary Center



639 4th Avenue, Brooklyn, NY 11232
Tel: (718)-369-PETS Fax: (347)-457-6773
www.parkslopeveterinarycenter.com

Basic Information:

Adoption Application Date: _____

Name: _____ Date of Birth: _____

Address: _____ City/State/Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Email: _____

Pet Information:

Cat's Name: _____ Breed: _____ Color: _____

Age or Birthday: _____ Sex: Male Female

How did you hear about us? Yelp Google Yellow Pages Neighborhood/Walked by
 Other _____

Please answer the following questions honestly and with as much detail as possible. The cats we adopt out have already become close to our hearts and we need to know they are going to a home that will be a great match. Help us make that possible!

Previous Pet Information:

Have you previously owned a cat or other pet (Please make note if it was a childhood pet)?

Were your previous pets spayed or neutered?

What happened to this pet? Do you have a pet that is no longer with us that you would like to tell us about?

Have you ever given your pet to another person or shelter? If yes, what was the situation?

Plans for an Emergency:

Are you committed to spend 12+ years providing healthcare, food, grooming, and attention to your pet?

What will you do if your pet gets ill? How would you handle an emergency?

Will you be able to budget for veterinary care and possible emergencies?

Do you have a steady schedule? Travel a lot? Planning to have a baby? Get married?

If you had to move, what would you do with the cat?

Care of your New Cat:

Who will be the primary caretaker of the cat?

Who else lives in the house/apt (including children)?

Has the addition of a cat been discussed with all of them?

Who are your other pets? Are they fixed? Are they vaccinated?

Are there screens in all of your windows? *Cats Falling out of windows is so common that they have a name for it - "The High Rise Syndrome", which often results in shattered jaws, punctured lungs, broken limbs and pelvises – and even death. ASPCA's Bergh Memorial Animal Hospital sees approximately three to five cases a week in the spring/summer.*

Where will the litterbox be located and how many litterboxes do you currently have?

Where will the cat be during the day and at night?

Would the cat be living indoors, or outdoors or both?

What will you feed the cat?

References:

Please give us 1 vet and 1 personal reference (name and phone number) to call for a very short minute conversation. If you don't have a current vet, please include 2 personal references instead.

1.

2.

Kitty Behavior:

Potential adopters come to us with all different levels of experience with cats. We encourage anyone inexperienced to think of us as a resource – if there is a behavioral issue you are wondering about, you can ask PARK SLOPE VETERINARY CENTER – We have extensive experience with cats!

What problems would make you return an animal? Circle all that apply

Scratching furniture Chewing Marking Shyness/Fear

Not getting along with other animals

Other, to be filled in:

How will you introduce your new cat to your current pets?

Cats don't respond to training the same way dogs do because they are not pack animals. Cats mostly respond to "deterrent" training. Do you know how to train a cat to not jump on counters, scratch things, exhibit inappropriately aggressive play behavior with your hands? If not, just say so - we will be glad to fill you in.

Spaying and Neutering:

The cat you are applying to adopt likely came from a feral mom or was dumped into a feral colony and it was rescued because it was friendly enough to not have to live outside for the rest of its days. Spaying and neutering is one of the most important things to do to prevent feline overpopulation (overpopulation means more cats killed in shelters). Spaying and neutering is very serious and also prevents many potential health problems.

Are your current pets spayed/neutered?

Applicant's Confirmation:

The answers to the above questions are true to the best of my knowledge. In addition, I agree to spay/neuter the animal within the time frame given to me at the time of adoption, barring medical restrictions. I will not give the animal, or otherwise transfer the animal to another party without notifying Park Slope Veterinary Center and giving them first right of refusal. If the animal is ever lost, I will contact the Park Slope Veterinary Center immediately to assist me in locating the lost cat. I realize that failure to comply with the adoption contract and the above stipulations may result in confiscation of the adopted animal. The individual rescuer reserves the right to inspect the cat's disposition when deemed necessary. **If, for any reason, I can no longer keep my cat, Park Slope Veterinary Center will always take him/her back. I will never bring my pet to a shelter.**

Applicant's signature/date: _____

(digital signature will be considered a legal signature)

Our Information:

Name: Dr. Yvonne Szacki – Park Slope Veterinary Center

Phone number: home: 718-369-7387

E-mail: reception@parkslopeveterinarycenter.com