



4101 West Genesee St.
Syracuse, NY 13219
www.fairmountanimal.com
(315) 468-3446

Fairmount Animal Hospital Cat Adoption/Foster Application

Adoptable Cat's Name: _____ Date: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Are you a client here? _____ If no, where do you seek veterinary care? _____

May we contact your veterinarian for a reference? _____ Phone Number: _____

Housing Status: (circle one): Rent Own Housing Type (home/apartment): _____

Please list any current pets in the household: (Please include name, breed, sex, age and spayed or neutered)

Number of people in the household: _____ Ages of people in the household: _____

Describe your home environment: (i.e. calm, chaotic, busy, quiet) _____

Describe what life would be like for a cat that joins your family: _____

It may take a month or more for your new cat to adjust to a new home. Are you prepared to allow this much time? (circle one) Yes No

Do you understand that veterinary expenses to care for your cat are your responsibility after adoption and are you prepared for that expense? (circle one) Yes No

Is there anything else you would like us to consider for your adoption application? _____

Please list one personal reference:

Name: _____ Phone Number: _____

Signature _____ Date _____

****Thank you for your application. All applications will be considered and pets will be placed with the best fit for their personality. We look forward to helping you find your perfect pet. ****

