



5878 East Molloy Rd
Syracuse NY 13211
315-454-4479 Phone
315-454-4908 Fax

I am interested in:

CAT/LIL' CRITTER ADOPTION APPLICATION

All applicants must be 21 years of age or older. Applications are not on a first come first serve basis. Approval is based on what is best for the pet and the applicant.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Home: Own: _____ Rent: _____

Landlord Name and Phone Number (required): _____

Number of Adults in the home and ages: _____

Number of Children and ages: _____

Pets: We will be calling your veterinary reference:

Pet's Name	Species	Age	Spayed/Neutered

Veterinarian Name and Phone Number: _____

Adoption application revised June 24, 2021

Lifestyle:

Quiet _____

Active _____

Work Full Time: _____

Work Part Time: _____

Type of Companion You are looking for:

Independent: _____

Lap Sitter: _____

Dog/Cat/Lil' Critter friendly: _____

Good with Children: _____

I certify that the above information is true and correct to the best of my knowledge. I also acknowledge that falsification of the above will result in my being denied adoption of any animal.

Signature: _____

Date: _____

Staff Notes:

Staff Signature: _____

Date: _____

Office Use Only

Veterinary Reference Complete Y/N	Date: _____ Satisfactory: Y/N
Landlord Check Complete Y/N	Date: _____ Satisfactory: Y/N
CNY SPCA Representative	Signature: _____