



**Hi-Tor Animal Care Center**  
**65 Firemen's Memorial Dr.**  
**Pomona, NY 10970**  
**Phone: (845)354-7900 Fax: (845)354-6308**

## Cat Adoption Application

In order to be considered for an adoption you must: 1) be 21 years of age 2) have the knowledge and consent of all adults living in your household 3) have a valid ID with current address 4) understand that completing this application does not guarantee adoption and that the Hi-Tor Animal Care Center must approve your application.

**STOP! Unless you are a barn, stable, or agricultural operation, Hi-Tor does not adopt cats to households that allow cats to go, remain, or run free outside. By continuing/submitting this application you agree that your adopted cat will remain exclusively as an indoor cat.** Initial \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please provide an email address: \_\_\_\_\_

Do you live in a: House \_\_\_\_\_ Apartment \_\_\_\_\_ Condo \_\_\_\_\_ Dorm \_\_\_\_\_ Other \_\_\_\_\_

Do you: Rent \_\_\_\_\_ Own \_\_\_\_\_ Live with Parents \_\_\_\_\_

Landlord's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Please provide the following information about your household: Number of adults \_\_\_\_\_ Number of Children \_\_\_\_\_

Ages of children \_\_\_\_\_

Why would you like to adopt a pet from us? Companion \_\_\_\_\_ For a senior/child \_\_\_\_\_ Companion for pet \_\_\_\_\_

How many pets do you have now? Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other \_\_\_\_\_

What are your pets' names? \_\_\_\_\_

Are your current pets up to date on vaccinations and other necessary vet care: Yes \_\_\_\_\_ No \_\_\_\_\_

What veterinarian do you currently use for the above animals? \_\_\_\_\_

Will your cat be allowed outdoors? \_\_\_\_\_

What cat(s) are you interested in? \_\_\_\_\_

Are you interested in adopting a Cat? \_\_\_\_\_ Kitten? \_\_\_\_\_ Up to what age? \_\_\_\_\_ Color? \_\_\_\_\_

Hair Length? \_\_\_\_\_ Sex? \_\_\_\_\_ Any other specifics? \_\_\_\_\_

By signing below, I certify that the information given is true and correct and I recognize that any misrepresentation of facts will result in my losing the privilege of adopting a pet. I also give my veterinarian permission to release any vet care records and information about my current and past pets to the Hi-Tor Animal Care Center. I understand that this application is the property of the Hi-Tor Animal Care Center and that the Hi-Tor Animal Care Center has the right to deny my request to adopt.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Your application can be expedited by providing a letter from your landlord or homeowners association (if applicable) stating that the pet policy for the building allows cats and any specifying any restriction imposed or agreed to, if any.**

Please provide 3 personal references (name and phone number)

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Last updated: 4.13.23

Below section is to be filled only by the Office at Hitor Animal Care Center Inc.

Appointment Date:
Appointment Time:
Application Approved by:
Notes: