

365 Saratoga Avenue
Ballston Spa, NY 12020



(518) 885-5650
www.ballstonspavet.com

APPLICATION FOR FELINE ADOPTION

Adoption Fee: \$50.00

Name: _____ Date: _____

Address: _____

City/State: _____

Home Phone #: _____ Work or Cell Phone #: _____

Are you currently a client at the Ballston Spa Veterinary Clinic? YES NO

Name of pet(s) you are interested in: _____

Where will the pet be kept most of the time? INDOOR OUTDOOR

Have you owned and cared for a cat before? YES NO

What other pets do you have at home? _____

Are there children in the household? YES NO

OFFICE USE ONLY

Once the adoption process is complete, I accept full financial responsibility for the needs of the pet(s) listed below, including any further treatments needed.

Signature: _____

Pet(s) Adopted: _____ Date: _____

Date of follow-up call: _____ Date: _____

Comments:
