



Sauk Point Veterinary Clinic

725 N High Point Rd

Madison, WI 53717

Phone: (608) 829-0055 Fax: (608) 829-0059

www.saukpointvet.com

email: customerservice@saukpointvet.com

SPVC Adoption Application

Name: _____ Age: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s) _____

Email Address _____

1. Type of residence: _____

a. Do you own or rent? _____

b. Rental or property management company name and phone:

2. How long have you lived at this residence? _____

3. Number of people in your household? _____

4. Employment status? _____

a. Name and number of employer: _____

5. Is this your first experience with a cat or kitten? _____

6. Do you plan to declaw? _____

7. Will your cat be allowed outdoors? _____

a. Supervised or unsupervised? _____

8. Should your cat develop medical or behavior problem(s), are you willing to work on resolving the issue(s) to the best of your ability? _____

9. Do you currently have a pet or have owned a pet in the last five years? _____

10. Do your pets receive annual wellness exams? _____

11. Are your pets up to date on their vaccinations? _____

12. Please list ALL Veterinary clinic(s) you currently use/have used in the last five years:

Name	Phone	City	State
_____	_____	_____	_____
_____	_____	_____	_____

13. Please list animals you currently or have owned in the past five years:

Pet's Name	Species/Breed	Birthdate (or est. age)	Male/Female?	Neutered/ Spayed?	Indoor or Outdoor	Past or Present Pet

14. Have you ever given an animal up (surrendered it to a shelter, rescue or found it a new home) _____

a. If yes, please explain why you gave up your pet: _____

15. Please provide 2-3 character references we may contact to learn more about you

Name	Phone Number	Email	Relationship to you
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature: _____ Date: _____

By signing above, you certify that the information I have given is true. I realize that any misrepresentation of facts may result in my losing the privilege to adopt. I authorize my veterinarian to release any information requested by Sauk Point Veterinary Clinic.