



## ADOPTION APPLICATION

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Do you:  Own  Rent  Live with family

Landlord \_\_\_\_\_ Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Who are you adopting this pet for? (circle one) Yourself Relative Friend Pet

Have you previously adopted a cat or dog from Friends of Strays?  Yes  No

Have you adopted a cat/dog from another shelter or rescue group?  Yes  No

Do you have other animals at home?  Yes  No

If yes, please list all animals below (name, breed, age):

Is the entire family that lives in your home aware of this adoption?  Yes  No

Please list the ages of any children: \_\_\_\_\_

Who is the secondary contact if we cannot reach you and your cat/dog is in possession of Animal Control or our shelter?

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

In the event of an emergency, who can care for your pet indefinitely?

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

How did you hear about us?

Petfinder  FOS Web Site  Adopted from FOS in the past

Event \_\_\_\_\_  Staff Member  Volunteer

Word of Mouth  Friend Other: \_\_\_\_\_

Would you be willing to join the Hill's Science Diet email list to further help the animals in our care?

Yes  No

### For Cats Only:

Looking for:  Indoor cats  Outdoor cats  Indoor and outdoor

Have you ever had your cat or kitten declawed?  Yes  No

How do you feel about declawing? \_\_\_\_\_

### Agreement:

I certify the above information is true. I understand giving false information on this application is grounds for denying my application. This application remains the property of Friends of Strays Animal Shelter, Inc.

Applicant Signature: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_