



ADOPTION APPLICATION

Name _____ Phone _____ Date: _____

Street address _____

City _____ State _____ Zip _____

Email address _____

Do you: Own Rent Live with family Other (please explain): _____

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: _____

Do you have a veterinarian? _____

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:

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: _____

FOR FRIENDS OF STRAYS USE ONLY:

Government Issued ID

Name Verified Yes No

Address Verified Yes No

Rental/Ownership confirmed Yes No

Animal Name: _____

Approved? Yes No Approved by: _____

Animal Number: _____