

## Strays R Us Adoption Application

Animal's Name \_\_\_\_\_ Description \_\_\_\_\_ Age of Animal \_\_\_\_\_

1) Name of Adopter \_\_\_\_\_ Today's Date \_\_\_\_\_

2) Address \_\_\_\_\_

3) Telephone (home) \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

4) Employer's Name \_\_\_\_\_ Telephone \_\_\_\_\_

5) Type of Housing: Apt \_\_\_\_\_ Condo \_\_\_\_\_ Duplex \_\_\_\_\_ Own home \_\_\_\_\_

6) Do you rent or own? \_\_\_\_\_ How long have you lived at residence? \_\_\_\_\_

7) If rental, landlord's name & number \_\_\_\_\_

8) Number of children living at home \_\_\_\_\_ Ages \_\_\_\_\_ # of Adults @ home \_\_\_\_\_

9) How long will the animal be left home alone during the day? \_\_\_\_\_

10) Where will you keep the animal in your absence? \_\_\_\_\_ When vacationing/traveling?  
\_\_\_\_\_

11) How many animals do you own now? \_\_\_\_\_ dogs? \_\_\_\_\_ cats? \_\_\_\_\_ other?

12) Have these pets been spayed/neutered? \_\_\_\_\_

13) How many pets have you had in the past? \_\_\_\_\_ What happened to them?  
\_\_\_\_\_

14) Will your new pet be kept? inside \_\_\_\_\_ outside \_\_\_\_\_ both \_\_\_\_\_

15) Do you plan to declaw your cat? \_\_\_\_\_ If so, 2 paws \_\_\_\_\_ 4 paws?

16) Have you ever owned a declawed cat? \_\_\_\_\_

17) Is there any member of your family that is allergic to cats? \_\_\_\_\_ Have asthma? \_\_\_\_\_ Does any member have fear of cats? \_\_\_\_\_

18) Veterinarian's name, address & phone #: \_\_\_\_\_

19) Have you ever had to give up a pet? \_\_\_\_\_ Why? \_\_\_\_\_

What did you do with the pet? \_\_\_\_\_

20) Are you financially prepared and willing to give this animal the recommended medical care that is required for its lifetime? \_\_\_\_\_

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