

Adoption Application 1925 S. Tamiami Trail, Venice FL 34293 * 941.492.6200

I am interested in adopting:

TELL LIS ABOUT YOURSELE.

TELL 03 ABOUT TOURSELF.				
Name:		Spouse/Partner:		
Street Address:			City/State/Zip:	
Phone-Home: Phone-Cell:			Phone-Work:	
Email:			Driver's License #:	
TELL US ABOUT YOUR CURRENT PI	ETS:			
			s: Spayed/Neutered? Yes No	
Other:				
Veterinarian: Clinic:			Phone:	
TELL US ABOUT WHERE THE ADOPTED CAT WILL LIVE:				
Do you Own or Rent your home?		If Rent, please provide copy of your lease.		
# of Adults: #	of Children:	Ages of Children:		
Does anyone have allergies to cats? Yes No If N		If Yes, he	If Yes, how severe?	
Where will the cat live?				
Will you allow a St. Francis repres If No, please explain:	entative to visit your home to	see where	e the cat is living? Yes No	
What will you do if your cat scratches or shows other destructive behavior?				
By signing this application, I agree and understand that: I must be 21 years of age or older and provide photo ID. I must provide proof of home ownership (property tax record) or lease showing pets allowed. Pets are a 20-year commitment; I am able to commit to the long-term care for this animal. Estimated annual cost of owning a cat is \$750 (not including medical emergencies); I am able to afford the cost. DECLAWING IS NOT ALLOWED FOR ANY ANIMAL ADOPTED FROM ST. FRANCIS. St. Francis Animal Rescue can deny the adoption for any reason. Signature of Applicant: Date:				
For Office Use				
Adoption Counselor: Residence Verified: Property Tax Lease Other Adoption Approved: Yes No If No, please explain: Adoption Completed By: Scanned Checked DNA List				