



Adoption Application

1925 S. Tamiami Trail, Venice FL 34293 🐾 941.492.6200

I am interested in adopting: _____

TELL US ABOUT YOURSELF

Name:	Spouse/Partner:
Street Address:	Phone-Cell:
City/State/Zip:	Phone-Home:
Email:	Driver's License #:

TELL US ABOUT YOUR CURRENT PETS

# of Dogs:	Spayed/Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of Cats:	Spayed/Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other:			
Veterinarian:	Clinic:	Phone:	
What are your plans for your pets if you are no longer able to care for them?			

TELL US ABOUT WHERE THE ADOPTED CAT WILL LIVE

Do you Own or Rent your home? <input type="checkbox"/> Own <input type="checkbox"/> Rent If Rent, please provide copy of your lease.		
# of Adults:	# of Children:	Ages of Children:
Does anyone have allergies to cats? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how severe?		
Where will you keep your adopted cat? <input type="checkbox"/> Indoor <input type="checkbox"/> Screened Lanai <input type="checkbox"/> Outdoor <input type="checkbox"/> Indoor/Outdoor		
Will you allow a St. Francis representative to visit your home to see where the cat is living? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain:		
Do you plan on having your cat declawed? <input type="checkbox"/> Yes <input type="checkbox"/> 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.
- **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: _____

I hereby grant permission to St. Francis Animal Rescue to use any photos/videos of me and my cat(s) for publication in print and online for purposes of promoting the mission of St. Francis Animal Rescue of Venice Inc. Yes No

Submit completed form to: St. Francis Animal Rescue, 1925 S. Tamiami Trail, Venice FL 34293 - or - Email sfarvenice@gmail.com

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 [rev SB-02.19.25]