**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:       | Phone-Work:       |

**TELL US ABOUT YOUR CURRENT PETS**

|  |  |
| --- | --- |
| # of Dogs:       Spayed/Neutered? [ ]  Yes [ ]  No | # of Cats:       Spayed/Neutered? [ ]  Yes [ ]  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? [ ]  Own [ ]  Rent If Rent, please provide copy of your lease. |
| # of Adults:       | # of Children:       | Ages of Children:       |
| Does anyone have allergies to cats? [ ]  Yes [ ]  No If Yes, how severe?       |
| Where will you keep your adopted cat? [ ]  Indoor [ ]  Screened Lanai [ ]  Outdoor [ ]  Indoor/Outdoor |
| Will you allow a St. Francis representative to visit your home to see where the cat is living? [ ]  Yes [ ]  NoIf No, please explain:       |
| Do you plan on having your cat declawed? [ ]  Yes [ ]  NoWhat 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*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 [rev03.03.22]