**Shape, circle

Description automatically generatedAdoption 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  No  If No, please explain: | | |
| Do you plan on having your cat declawed?  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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*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](mailto: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]