



P.O. Box 190586

St. Louis, MO 63119

info@strayhavenrescue.org

## ADOPTION APPLICATION

An adoption fee applies. This fee includes spaying/neutering, minimum of first round of shots, a feline leukemia/FIV check, deworming, flea treatment, and a microchip. We only accept cash or check payment.

Stray Haven Rescue reserves the right to refuse adoptions to anyone. Each one of our animals has different needs and we try to place them accordingly in a life-long, loving home. Please understand that completing this application does not guarantee you will be approved. No animals will be adopted out to prospective owners who mislead our staff or fail to provide accurate information on the adoption application.

Name of Cat/Kitten:

Why are you interested in adopting this particular animal?

According to the Humane Society of the United States, over four million animals are euthanized each year in the US. A significant percentage of these animals were relinquished or abandoned by their owners. Are you prepared to take on the responsibility of caring for a cat for the entirety of its natural life? The expected life span of a cat can reach 20 years.  Yes  No

First Name:

Middle Name:

Last Name:

Address:

City:

State:

Zip Code:

County:

Home Phone:

Cell Phone:

Work Phone:

Email Address:

Date of Birth: / /

Employer:

Position:

Does your job involve frequent travel?  Yes  No

If yes, how will you arrange for the care of this animal?

In what type of home do you live?  House  Apartment  Condo  Mobile Home  Other

Do you:  Own  Rent  Other:

If you rent, does your lease allow pets in your home?  Yes  No

What is the name and phone number of your landlord/property management company?

Name:

Phone:

If you rent, having a pet will make it more difficult to find an available apartment in the future. Are you prepared to spend the necessary time to find a home for you and your pet?  Yes  No

Many animals are abandoned or dropped off at animal shelters when their owners relocate. Are you prepared to take this pet with you when you move, even if you may be inconvenienced?  Yes  No

Please list all of the people living in your household (list additional people in the comments section):

Full Name (First, Middle, Last)	Relationship to You	Age

How would you describe your household?  Quiet  Average  Active  Other:

If you share your dwelling, are all members of the household in agreement concerning the adoption of this animal?  Yes  No

Are you or is anyone in your household allergic to animals?  Yes  No

If yes, how do you intend to deal with this?

If you have children, are you willing to spend the time necessary teaching them how to properly treat a pet?  Yes  No  N/A

Who is this pet for?

Will this cat have free range of your home?  Yes  No

If no, please explain:

Please list ALL pets currently living in your home (list additional pets in the comments section):

Name	Breed	Age	Spayed/Neutered	Current on Vaccinations	FIV/FeLV tested negative (cats only)
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Who is your current veterinarian (or previous veterinarian if you've owned pets within the last 5 years)?

Name:

Phone:

Please list all previous pets that are no longer with you (list additional pets in the comments section):

Name	Breed	Age	Circumstances (died, ran away, stolen, rehomed - please explain)

Have you ever surrendered a pet to a shelter or rescue?  Yes  No

If yes, what were the circumstances?

Personal reference (not a family member):

Name:

Phone:

Relationship:

Years known:

The ASPCA estimates the yearly cost of cat ownership at \$670.00; this does not include initial supplies or adoption fees. Have you considered the daily expenses incurred in maintaining an animal (medical, food, grooming, boarding), and are you able to afford them?  Yes  No

How many hours a day would your cat be left alone?

Are you keeping your cat:  Inside  Outside  Both

Do you plan to declaw your kitten/cat?  Yes  No  Don't Know  N/A (already declawed)

Do you have a doggie door installed in your home?  Yes  No

Are you willing to spend the time and effort necessary to help this pet adjust to your home and lifestyle?  
 Yes  No

Under what circumstances would you not keep this cat?

What would you do if the cat urinated or defecated outside of the litter box?

Would you agree to a home visit?  Yes  No

Please list any comments or questions for us:

How did you hear about Stray Haven Rescue and/or this specific cat?

By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of facts may result in my losing the privilege of adopting a pet and nullification of any contract in the future. I understand that the Stray Haven Rescue has the right to deny my request to adopt an animal, and I authorize investigation of all statements in this application. I understand that this application is the property of Stray Haven Rescue.

Signature:

Date: / /

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Office Use Only:

Results of Reference/Vet Checks:

Approved for Stray Haven by: