

**Adopt A Stray**  
Non Profit  
Volunteer Organization  
[www.adoptastray.ws](http://www.adoptastray.ws)

**Cat Application**

**Please read the following, before you fill out the adoption application below.**

Please note that Adopt A Stray reserves the right to refuse adoption.

Your application will be carefully reviewed and considered for adoption. Please note that your application may either be approved or denied.

The adoption fee (to help with our medical expenses) for our cats is \$75. (CASH only) this includes spay/neuter, testing for FIV/FeLv, vaccinations, rabies (age permitting), de-worming and de-flea.

If you are approved for adoption you will hear from an Adopt A Stray representative within 48 hours to complete the adoption. Please note that if you do not hear from an Adopt A Stray representative within 48 hours your application was not approved and you WILL NOT receive a phone call. Adopt A Stray is a volunteer only organization and we do not have the resources to call all applicants that have been denied. If your application is not approved, Adopt A Stray reserves the right to keep confidential and not disclose the reason the application was not approved.

We appreciate your understanding our policy.

Thank you  
Adopt A Stray

---

Please initial

**Please fax completed application to 954-965-0406 or drop it off at the Pembroke Pines or Aventura PetSmart store**

**CAT ADOPTION APPLICATION**  
**ADOPT A STRAY, Inc.**  
**www.adoptastray.ws**

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT \_\_\_\_\_

CITY/ST/ZIP \_\_\_\_\_

HOME # \_\_\_\_\_ MOBILE# \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_

YEARS EMPLOYED THERE \_\_\_\_\_

WORK # \_\_\_\_\_

DRIVER'S LIC. # \_\_\_\_\_

Name and phone number of nearest relative or friend not living with you. \_\_\_\_\_

1) How did you hear of us? \_\_\_\_\_

2) Do you live in a...    Condo    Apt.    Townhouse    Mobile Home    Boat    House    Duplex  
                                                                                 

3) How long have you been at this address? \_\_\_\_\_

4) Do you... Rent     Own     Other  \_\_\_\_\_

5) If you rent is your lease...    Yearly     Month to Month     Week to Week

Name and phone number of landlord/owner \_\_\_\_\_

Landlord approval: Yes     No     Unsure     Restrictions: \_\_\_\_\_

6) Name of complex/association \_\_\_\_\_

Restrictions: \_\_\_\_\_

7) How many adults reside in the household? \_\_\_\_\_

8) Are there children in your home? \_\_\_\_\_ Ages: \_\_\_\_\_

9) What type of pet are you looking for? Dog     Puppy     Cat     Kitten

10) Have you ever turned in an animal to an animal shelter before? Yes     No

If yes, reason?: \_\_\_\_\_

11) Does it matter if the pet is housebroken? Yes     No

12) Would there be anyone home during the day? Yes     No

If yes, who? \_\_\_\_\_

13) Has anyone in the household ever had an allergy to animal hair? Yes     No

14) How many pets have you had in the last 5 years? \_\_\_\_\_

If you no longer have these pets, what is the reason? \_\_\_\_\_

What brand of food did you feed the pet you previously owned? \_\_\_\_\_

15) How many dogs are currently in your home? \_\_\_\_\_

Breed/Sex: \_\_\_\_\_ Age \_\_\_\_\_ Pets Name: \_\_\_\_\_

Are they spayed/neutered? Yes  No

If no, reason? \_\_\_\_\_

Are they... Indoors  Outdoors  Both

Are they up to date on all their vaccines? Yes  No  Unsure

What brand of food are you presently feeding? \_\_\_\_\_

16) How many cats are currently in your home? \_\_\_\_\_

Breed/Sex: \_\_\_\_\_ Age \_\_\_\_\_ Pets Name: \_\_\_\_\_

Are they spayed/neutered? Yes  No

If no, reason? \_\_\_\_\_

Are they up to date on all their vaccines? Yes  No  Unsure

Have they been feline leukemia tested? Yes  No  Unsure  Result: \_\_\_\_\_

If yes, year? \_\_\_\_\_

Have they been feline AIDS tested? Yes  No  Unsure  Result: \_\_\_\_\_

If yes, year? \_\_\_\_\_

Are they declawed? Yes  No  Reason? \_\_\_\_\_

Does your cat(s) live... Indoors  Outdoors  Both

What brand of food are you presently feeding? \_\_\_\_\_

17) Would your new pet be living... Indoors  Outdoors  Both

18) Would your new pet be declawed? Yes  No  Reason? \_\_\_\_\_

19) Where will your new pet sleep? \_\_\_\_\_

20) Is there a patio, balcony or porch? Yes  No

If yes, is it screened? Yes  No

Will your new cat go on the patio, balcony or porch? Yes  No

21) Have you had to deal with Florida's flea problem? Yes  No

What do you plan to do to control fleas and ticks?

22) Who is your veterinarian? \_\_\_\_\_ Phone # \_\_\_\_\_

Hospital \_\_\_\_\_ Location \_\_\_\_\_

23) Why do you want to adopt a pet? \_\_\_\_\_

24) I, \_\_\_\_\_, agree that all the information which I have given is correct as written.

Signature: \_\_\_\_\_

AAS2007

PET DESIRED: \_\_\_\_\_

ADDITIONAL COMMENTS \_\_\_\_\_

**Please fax completed application to Adopt A Stray at 954-965-0406 or drop if off at the Pembroke Pines or Aventura PetSmart store.**