

Adopt A Stray
Non Profit
Volunteer Organization
www.adoptastray.ws

Dog 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.

There is an adoption fee (to help with our medical expenses) which includes spay/neuter, vaccinations, testing, rabies, heartworm, 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

DOG ADOPTION APPLICATION

ADOPT A STRAY, Inc.

www.adoptastray.ws

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

DATE _____

NAME _____

ADDRESS _____ APT _____

CITY/ST/ZIP _____

HOME # _____ MOBILE# (optional) _____

EMAIL 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? _____
 What brand of food are you presently feeding? _____
- 17) Would your new pet be living... Indoors Outdoors Both
- 18) Where will your new pet sleep? _____
 be when you are not home? _____
 Be when you are home? _____
- 19) Is the yard fenced? Yes No Partial Explain _____
 What type of fence? Chain ft: ___ Wood ft: ___ Cement ft: ___ Other ft: ___
- 20) Have you had to deal with Florida's flea problem? Yes No
 What do you plan to do to control fleas and ticks?
- 21) Who is your veterinarian? _____ Phone # _____
 Hospital _____ Location _____
- 22) Why do you want to adopt a pet? _____
- 23) I, _____, agree that all the information which I have given is correct as written.

Signature _____

AAS2007

PET DESIRED _____

ADDITIONAL COMMENTS _____