



For the Love of Strays

FOR THE LOVE OF STRAYS
CORPUS CHRISTI, TEXAS
WWW.FORTHELOVEOFSTRAYS.COM
ForTheLoveOfStrays@yahoo.com

Name _____ Email _____

Address _____

Primary Phone _____ Alternate Phone _____

Thank you for considering the adoption of a rescue! Before you decide to adopt a pet, please consider the time, effort and funds necessary to properly maintain an animal. Responsible pet ownership requires a commitment to provide care and companionship for the life of the animal. The decision to adopt a pet is an important one. In order to insure that you and your pet will be happy for years to come, we need to take time to discuss your and the animal's individual needs and personality traits. Please take a few moments to carefully read and complete this application. Please note there are no wrong answers. This is to ensure that the dog you are interested in is a good fit for you and your home.

- 1) Name of the cat that you are interested in (if applicable): _____
- 2) Do you currently live in a House Apartment Condo Other _____
- 3) Do you currently Own Rent Lease the residence where you live?
- 4) How long have you lived at your current residence? _____

If you are not the property owner, For The Love of Strays will verify your residences current pet policy.
Landlord's Name _____ Phone Number (_____) _____

- 5) How many adults live in your home? _____ How many children? _____ Ages _____
- 6) Does anyone in your household have allergies? Yes No
- 7) Who will be primarily responsible for the care of this cat? _____
- 8) Is this cat a gift? Yes No If yes, for whom? _____
- 9) Which of the following best describes your reasons for wanting this cat? (Check all that apply)
 - Companion Therapeutic Pet Playmate Breeding
 - Mouser Cuddle Buddy Couch Warmer Outside Cat
- 10) How many hours will the cat be alone each day? _____
- 11) Where will the cat be kept when no one is home? _____
- 12) Where will the cat be kept at night? _____
- 13) Will this cat be declawed? Yes No
- 14) If you have other pets: Are their vaccinations current? Yes No
- 15) Are they currently licensed? Yes No
- 16) Do you have a regular veterinarian? Yes No Name _____
- 17) Under what circumstances would you **not** keep this cat? _____

18) Please list all of the pets you have had in the last 7 years including current pets, and those you no longer own

Species	Breed	Age	Sex	Altered	Owned how long?	What happened to him or her?
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		

19) I like cats that are: Small Large Any Size

20) Please describe the temperament and activity level you are looking for in a cat. Check all that apply:

- High Energy Lap Cat Mellow Affectionate Quiet

21) I prefer a cat that.... (Check all that apply)

- Loves children and strangers Can tolerate children and strangers Loves all other animals
 Can tolerate all other animals Don't care if he/she gets along well with other animals

22) When it comes to relating to cats, I tend to be more

- Strict, demanding
 Moderate
 Lenient, a little wishy-washy, easily coerced by the cat

23) The noise/activity level in my home is usually: High Medium Low

24) I would enjoy brushing or grooming my cat: Rarely Occasionally Daily Weekly Monthly

25) My ideal cat would: _____

26) Bad cat habits that I just can't tolerate are:

I certify that the above information is true and correct to the best of my knowledge. I also acknowledge falsification of the above can result in my being denied adoption of an animal or, if an animal has been adopted to me, the return of that animal to For The Love of Strays.

Signed _____ Date _____

Case Number _____ Reviewed by _____ Date _____

******FOR OFFICE USE ONLY******

Checked references Y / N _____

Checked landlord Y / N / NA _____

Checked vet reference Y / N _____