

Application to Adopt

Animal(s)	
Animal's Name	When will take your animal(s) home?
Desired Species Gender Age	_ Would you consider a special needs animal?
Primary Applicant	Spouse/Partner of Primary Applicant
First Name	First Name
Last Name	Last Name
Age Pronouns	Age Pronouns
Phone	Phone
Email	Email
Do you plan to travel extensively or move abroad?	Do you plan to travel extensively or move abroad?
Occupation	Occupation
If not employed, means of support	If not employed, means of support
If employed, employer information	If employed, employer information
Employer	Employer
Street Floor/Suite	Street Floor/Suite
City State Zip	City State Zip
Phone Ext Start Date	Phone Ext Start Date
Residence where animal(s) will live	
Street Apt	Do you own/rent/sublet?
City State Zip	Is this a house/apartment/other?
Length of time at this address?	Are companion animals permitted?
Hours your animal be alone each day	Would you move somewhere that does not permit
Do all windows have screens?	companion animals?
Screens are: built-in accordion	Who else lives in the home?
Is there a balcony or terrace?	Children? Ages
Is it enclosed top to bottom?	Roommates? Ages
Does it have a screen door?	Other? Ages
Is there a backyard? Fenced in?	Person allergic to cats? Smoker?
Will your animal go outside?	
Is there anything else you want us to know?	



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References	Companion Animal History
Business Reference (manager, co-worker, client) Name	Have you had companion animals before? If so, where are they now?
Phone Ext Affiliation Years known	Have you given up an animal for adoption? If so, why?
Personal Reference who knows your history with animals	If you have companion animals now, what kind/how many/age(s)?
Name Phone	Are they up-to-date on vaccinations?
Affiliation Years known	Spayed/neutered? Cats: FIV+ FeLV+
Email	How do you feel about declawing?
Veterinarian for current or previous animals	If your current or prior cat was declawed, why?
Clinic Name Suite	Who will care for the animal if you are away?
City State Zip Phone	What is your plan should you pass away or become unable to care for the animal?
Name records are under	
Certification / Authorization	
 The information provided on this application is complete and accurate to the best of my knowledge. I am adopting this animal as a companion animal for myself. An animal can live to be 20+ years. I am prepared to make that commitment. I agree to have my new animal(s) spayed or neutered if they are not already. No one in the household has been convicted of animal neglect, animal cruelty, or domestic violence. I authorize FOR ANIMALS, INC. to contact all references provided. I understand that completion of this form is the first step in the adoption process and does not guarantee an adoption. FOR ANIMALS, INC. reserves the right to make an in-home screening visit and, if an adoption takes place, to deliver the animal(s) to ensure that I will provide a hazard free home. If my application is approved and I proceed with the adoption, I agree to pay the adoption fee \$150 per animal. If for any reason whatsoever this adoption does not work out, I agree to return the animal(s) to FOR ANIMALS, INC. 	
Primary Applicant	Spouse/Partner of Primary Applicant
I acknowledge that I have read and agree to the numbered items above.	I acknowledge that I have read and agree to the numbered items above.
Signature Date	Signature Date
I want to receive For Animals, Inc.'s newsletter. (We do not send many; you can unsubscribe anytime.)	