

## Bobbí and the Strays Adoption Application

Home Check

Assisted By:

Date A		sted By	·		HV Completed:		
2.	Type of animal you wish to adopt:  Name of pet you are interested in adop  Why have you chosen this dog or cat?	oting _	Dog		Cat		Approved/Disapproved:  Comments:
Ple	ease explain what you are looking for in a rel, etc.?	pet?	What I	oreed or	breeds (	mixed breed), pers	onality, size, age, energy
Yo	ur Name		E-	mail Add	ress		
Str	eet Address						
Ho	ome Phone V	Vork P	hone _	***************************************	······································	Cell Pho	ne
5.	Do you currently have any cats?  a. Are they spayed/neutered?  b. Are they declawed?  c. Are they indoor or outdoor pets?  Do you plan to declaw your cats?  Do you currently have any dogs?  d. Are they spayed/neutered?	00000	Yes Yes Yes	or Only	No No No	How Many? _	☐ Indoor/Outdoor
7.	f. Are they indoor or outdoor pets?  Have you owned a dog or cat before?  Please tell us about these pets including to	Cat Do	t: g:		Yes Yes	Outdoor Only  No No	□ Indoor/Outdoor
8.	Have you ever had to give up a pet?  Why?		Yes		No		
9.	Where did you bring them/leave them?						
Na	me of your vet clinic me of your veterinarian ovide the one that you will be using after						e a veterinarian now, please
	Do you own or rent? Own Type of dwelling; Apartme If renting, do you have permission to ha Landlord's name Landlord's address	ent nve a p	et?	☐ Y _Phone_	es	□ No Emai	☐ Other

Ho	w long have you been employed at this company? Business Hours						
	ne of Your Employer Phone Number						
1)	Name Phone Relationship to you						
	Name Phone Relationship to you						
	Name Phone Relationship to you						
	se provide three (3) personal references (Other than a family member):						
	Are there any other comments or information that you would like to add?						
	Do we have your approval to visit your home?						
20.	If a behavioral problem arises, are you prepared to invest the time and expense for professional help?  Yes  No  No  No you feel that you are able to support this pet for its entire life? (A silly question to some, but medical bills, pet food and, if necessary, grooming can be very expensive.)  Yes  No						
	for your pet, or if it will be boarded, please provide name and address of boarding facility)						
R	If yes, who will be caring for your pet while you are away? (Please provide details of how often someone will care						
	Do you travel often?   Yes  No How often?						
lur	her of addits in your household and their ages  a. Have children been taught how to interact with a dog and/or cat?  b. Will they be supervised?  c. Will you be teaching animal security in your home? (Don't leave doors open, be careful to always close gates, fences, etc.)?  c. Yes  No  d. Is anyone in your home allergic to pet hair and/or dander? (If you are not sure, this must be verified prior to adoption).  No						
lur	nber of adults in your household						
6.	How many hours will your pet be alone in a typical day?						
5.	Where will your pet sleep?						
	To what areas will your adopted pet have access? 🔲 Indoor Only 🔲 Outdoor Only 🔲 Indoor/Outdoo						
	Do you have screens on ALL of your windows?   Yes   No  Outdoor Only  Indoor/Outdoo						