



6017 Pine Ridge Road #330  
Naples, Florida 34119  
239-261-4768 (Phone & Fax)  
[VSARescue@aol.com](mailto:VSARescue@aol.com) (E-mail)

### ADOPTION APPLICATION

**IN ORDER TO BE CONSIDERED AS AN ADOPTER TODAY, YOU MUST:**

- \*Be 18 yrs of age or older. \*Have ID showing your present address. \*Have the knowledge and consent of your landlord.
  - \*Be able and willing to spend the time and money necessary to provide training, medical treatment, and proper care for a pet.
- VSA reserves the right to do home checks and refuse adoption to anyone. Please answer ALL questions.**

CAT(S) AND/OR KITTEN(S) \_\_\_\_\_

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ AGE \_\_\_\_\_

1. Do you: [ ] Own [ ] Rent your home? (If leasing to own, please select "rent")
2. Do you currently live in a: [ ] House [ ] Apartment [ ] Condo [ ] Mobile Home [ ] Other \_\_\_\_\_
3. If you rent (or lease to own) please list the name and phone # of landlord, President and/or manager of any homeowner, condo or other similar associations, apartment or park manager:

Name \_\_\_\_\_ Phone# \_\_\_\_\_

4. Are you a: [ ] Year-Around or [ ] Seasonal Resident?

5. What types of pets do you **currently** have in your household?

Name   Dog/Cat?   Male/Female?   Spayed/Neutered?   When was last vaccination given?   How long owned?

\_\_\_\_\_  
\_\_\_\_\_

6. What other animals have you owned in the past? \_\_\_\_\_ What happened to them? \_\_\_\_\_

7. Have you ever surrendered an animal to a shelter or animal control facility? [ ] Yes [ ] No

If yes, please describe the circumstances \_\_\_\_\_

8. Who is your Veterinarian or Vet Clinic? \_\_\_\_\_ Phone # \_\_\_\_\_

9. How many adults live in household? \_\_\_\_\_ Children? \_\_\_ Ages of children \_\_\_\_\_

10. Does anyone in your household have known allergies to animals? [ ] Yes [ ] No If yes, please explain \_\_\_\_\_

11. Will this cat be allowed outdoors? [ ] Yes [ ] No If yes, under what circumstances? \_\_\_\_\_

12. Are you willing to care for this animal for the rest of its life? [ ] Yes [ ] No (An average life span for a cat is 15-20 years.)

13. If you relocate, what will you do with this cat? \_\_\_\_\_

14. Do you want the cat for: [ ] Companion [ ] Mouser [ ] Gift [ ] Company for Other Pet [ ] Other \_\_\_\_\_

15. Do you plan to declaw this cat? [ ] Yes [ ] No 16. How many hours a day do your pets spend alone? \_\_\_\_\_

17. What circumstance would cause you to give up your pets? \_\_\_\_\_

**PLEASE READ AND SIGN BELOW**

I certify the above information is accurate and complete to the best of my knowledge. I understand that Volunteer Services for Animals, Inc. (VSA) has the right to reclaim the animal if any given information is found to be false. I authorize the release of veterinarian information related to current and past pets. Once adopted, financial responsibility of this animal rests on the new owner. This application is the property of VSA.

X \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you very much for your application. Please return it by fax (239 261-4768) or e-mail (vsarescue@aol.com). Someone will contact you soon.**

\*\*\*\*\*For VSA Use\*\*\*\*\*

**Date Contacted:** \_\_\_\_\_ **By:** \_\_\_\_\_ **Outcome:** \_\_\_\_\_  
VSA Rep.

**Pre-adoption:** [ ] Check [ ] Cash \$ \_\_\_\_\_ **Date** \_\_\_\_\_ **Comments:** \_\_\_\_\_