

St. Francis Animal Welfare Group Feline Adoption Application*

Cat/Kitten Information

Name _____ ID Number _____

Birth Date if known _____ -OR- Approximate Age _____ Wks Mos Yrs As Of _____

Sex **M / F** Description _____

Adopter Information:

Name _____
(FIRST) (MIDDLE) (LAST)

Address _____

City _____ State _____ Zip _____ County _____

Home Phone _____ Mobile Phone or Pager _____

Home Email Address _____ Work Email Address _____

Work Phone _____ Place of employment _____

Drivers License State _____ Drivers License Number _____

**MUST SUPPLY AT LEAST TWO PHONE NUMBERS TO REACH YOU. MUST HAVE PETSMART
EMPLOYEE INCLUDE A COPY OF YOUR DRIVERS LICENSE.**

Do you already own pets? **Yes / No** If yes, breed and sex _____

Are your current pets spayed or neutered? **Yes / No** If no, list reason _____

Name of Current Veterinarian or Vet you intend to use _____

MUST HAVE VETERINARIAN NAME—CANNOT ADOPT WITHOUT IT

All our cats are to be **indoor** pets. Please initial you understand. _____

Home Environment (**You must provide this information to adopt from us**)

OWN: Single family home / Condo

RENT: Single family home / Apartment / Condo IF RENTING, MUST SUPPLY LANDLORD INFO

Landlord Name _____ Landlord Phone _____

Landlord's pet policy _____

Ages of children living with you _____

How did you hear about SFAWG? _____

Signature _____ Date _____

This application does not guarantee that the animal is going home with you today, you must meet SFAWG qualifications to complete the adoption. The above signed recognizes the right of SFAWG to turn down any application for any reason, and will not hold SFAWG responsible for any liabilities involved with the adopted animal.

Adoption Counselor _____

Comments _____

Revised April 2007

*Return to SFAWG P.O. Box 68434 Nashville, TN 37206