

## Kelly's Fosters, Inc. PRE-ADOPTION APPLICATION

ADOPTER'S INFORMATION			
Name of the pet you are considering adopting		Date	
Your Name			
Address	City	State	Zip
Age:	Spouse/partner age:		
Home Phone (    )	Cell Phone (    )		
Spouse/ Partner Name	Spouse/ Partner Cell Phone (    )		
Spouse/ Partner Work Phone (    )			
Employer/Address/Phone Number			Employment Length
Occupation			
Email Address	Driver's License # or Valid I.D. #		
Spouse/ Partner Employer/Address/Phone Number			Employment Length
Spouse/ Partner Occupation			
Spouse/ Partner Email Address	Driver's License # or Valid I.D. #		
Are you a full time Florida resident? Yes <input type="checkbox"/> No <input type="checkbox"/>		Seasonal resident? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Type of housing?      Single Family Home <input type="checkbox"/> Mobile Home <input type="checkbox"/> Duplex <input type="checkbox"/> Apartment <input type="checkbox"/> <div style="text-align: center; margin-top: 5px;"> Condominium <input type="checkbox"/>    Townhouse <input type="checkbox"/>    Villa <input type="checkbox"/> </div>			
Name of Development			
Does your Association permit pets? Yes <input type="checkbox"/> No <input type="checkbox"/>		Is a Deposit Required?    Deposit Amount Yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____	
Do you own or rent?    Own <input type="checkbox"/> Rent <input type="checkbox"/> If rent, do you have permission to have pets?    Yes <input type="checkbox"/> No <input type="checkbox"/>			
If you rent, please provide the name and phone number of your landlord.			

Name: \_\_\_\_\_ Phone Number: (     ) \_\_\_\_\_

Do you have a fenced in yard? Yes  No  Pool? Yes  No

Is your pool fenced? Yes  No

Will your cat be indoor only or indoor/ outdoor?

How long have you been at your current address?

Do you plan on moving in the next 6 months?  
Yes  No

Would you agree to a home check prior to adoption?  
Yes  No

If you move, what will you do with your pet(s)?

Do you or does anyone in your household have allergies or asthma?  
Yes  No

**PRE-ADOPTION QUESTIONS**

Are you adopting this pet for yourself or for someone else? Myself  Someone Else   
If someone else who?

Is everyone in the household in agreement with this adoption?  
What member of the family will be taking the **MAJOR** responsibility of caring for this pet?

List the names and ages of the members of your household. **(Include yourself)**

Name	Age
Name	Age
Name	Age
Name	Age

Have you ever had a cat or dog? Yes  No   
(List all the animals you currently have)

Dog/Cat (Name)	Age	Spayed/ Neutered	Up to Date On Shots	Cats Declawed	Status of Animal

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(List any animals that you have previously had and that are no longer with you)

Dog/Cat (Name)	Age	Reason No Longer With You

Please provide a personal reference:

Name:

Phone Number:

Have you ever turned in an animal to an animal shelter? Yes  No

If yes, why?

Have you ever put a cat/dog to sleep for any reason? Yes  No

If yes, please explain.

Is anyone home during the day? Yes  No

If so, who?

If you are not home during the day, have you considered adopting two similar pets to keep each other company?

Yes  No

Do you have a separate room/ small area in your home to keep your pet in until he or she acclimates?

Where do you plan on keeping your pet while you are at work or not at home?

Where do you plan on keeping the litterbox?

What will you do if your cat stops using the litterbox?

How will you handle jumping on furniture and counters?

How will you handle behavioral issues if they arise?

Do you currently have or in the past had a declawed cat or kitten?

Yes  No

If so please explain:

Do you plan to declaw your cat or kitten?

Yes  No

What would you do if your cat or kitten won't stop clawing your furniture?

How long will you give your new pet to adjust to its new home?

If your family status changed (new baby, married, divorced, job loss, relocation) who would keep the pet?

If something happens to you (sickness, death, etc.) and you cannot take care of your pet(s) who will take care of them?

What do you plan on feeding your new pet and how many times a day?

What vet do you currently use?

Name:

Phone:

Address:

How long have you used this vet?

Name of previous vet:

Phone:

Address:

Are you prepared to cover any vet expenses your pet may incur throughout its life? Yes  No

Is there a limit? Yes  No

How much is too much?

Would you consider euthanizing your pet because of medical costs? Yes  No

Please explain:

Are you planning on having pet insurance? Yes  No   
If so, which one?

Are you aware that owning a pet is a 15–20-year commitment? Yes  No   
What circumstances would force you to surrender your pet?

If at some point you must surrender your pet, you MUST agree to surrender back to Kelly's Fosters, Inc.  
I agree

Initials: \_\_\_\_\_ Spouse/ Partner initials: \_\_\_\_\_

Have you ever previously adopted or purchased from:

Kelly's Fosters, Inc.  A Second Chance Rescue  Beth's Furry Friends

Breeder  Another Rescue Group or Shelter  Please list: \_\_\_\_\_

How did you hear about Kelly's Fosters, Inc.?

Instagram  Beth Stern  A Second Chance Rescue

Prior Adopter  Friend  Please list if other: \_\_\_\_\_

Along with signed application, please submit photos of the space where you plane to keep the litter box, plan to let them acclimate as well as showcasing the spaces the kitty will be living in so we can make sure it's a match for the particular kitty you're interested in.

- I certify that the information I have given above is true and correct, and I hereby authorize the above listed veterinarian(s) to supply information in regard to my pets to Kelly's Fosters. I also give my permission to Kelly's Fosters to contact the above listed landlord and references. *Kelly's Fosters, Inc. has the right to deny any application without any questions and Kelly's Fosters, Inc. has the right to take back an adopted pet if they find the home is inadequate.*

**NOTE: Each adoption is followed up with a phone call and/or visit to check on the animal that has been adopted.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_