



Bobbi and the Strays Adoption Form

www.BobbiAndTheStrays.org

Bobbi and the Strays
P.O. Box 170129
Ozone Park, NY 11417

Tel: (718) 326-6070
Fax: (718) 326-6071

Date: _____

- 1) Type of animal you wish to adopt? Dog Cat
- 2) Name of Pet you are interested in adopting? _____
- 3) Why have you chosen this dog or cat? _____

Please explain what you are looking for in a pet? What breed or breeds (mixed breed), personality, energy level, size, age, etc. _____

Your name: _____ e-mail address: _____

Address: _____

Home phone #: _____ Work phone #: _____ Cell phone #: _____

- 4) Do you currently have any cats? Yes No How many? _____
- a. Are they spayed/neutered? Yes No
- b. Are they declawed? Yes No
- c. Are they indoor or outdoor pets? Indoor only Outdoor only Indoor/Outdoor

- 5) Do you currently have any dogs? Yes No How many? _____
- a. Are they spayed/neutered? Yes No
- b. Are they indoor or outdoor pets? Indoor only Outdoor only Indoor/Outdoor

- 6) Have you ever owned a dog or cat before? Yes No
- Cats? Yes No Dogs? Yes No

Please tell us about this pet/these pets. _____

- 7) Have you ever had to give up a pet? Yes No

8) Why? _____

9) Where did you bring them/leave them? _____

Name of your vet clinic: _____ Phone #: _____

Name of your veterinarian: _____

If you do not have a veterinarian right now – please list the one you will be using after you adopt.

- 10) Do you own OR rent? Own Rent
- Type of Dwelling: Apartment Co-op Condominium House Other

- 11) If renting, do you have permission to have a pet? Yes No
- Landlord's name: _____ Phone #: _____
- Landlord's address: _____

12) Do you have access to a yard? Yes No Fence Height: _____

13) Do you have screens on ALL of your windows? Yes No

- 14) Will your adopted pet be allowed outside or will it be indoors only?
- Indoor only Outdoor only Indoor/Outdoor

15) Where will the cat or dog sleep? _____

16) How many hours will the pet be alone in a typical day? _____

Number of adults in your household: _____

Number of teens/children in your household and their ages: _____

- a) Have children been taught how to interact with a dog and/or cat? Yes No
- b) Will they be supervised? Yes No
- c) Will you be teaching animal security in your home? (teaching family not to leave doors open, be careful to always close fences, etc.)? 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.) Yes No

17) Do you travel often? Yes No

How often? _____

18) If so, who will be caring for your pet while you are away? (Please give details of how often someone will come over to care for your pet – or if they will be boarded, where will they be boarded?) _____

19) If a behavioral problem arises, are you prepared to invest the time and expense for professional help?

Yes No

20) Do you feel that you are able to support this pet for his/her entire life? (A silly question to some, but medical bills, pet food, and, if necessary, grooming can be very expensive.) Yes No

21) Is it OK for us to visit your home? Yes No

22) Are there any other comments or information that you would like to add? _____

Please provide three (3) personal references (other than a family member):

I) Name: _____ Phone #: _____

Address: _____

Relation to you: _____

II) Name: _____ Phone #: _____

Address: _____

Relation to you: _____

III) Name: _____ Phone #: _____

Address: _____

Relation to you: _____

Name of your employer: _____ Business Hours? _____

How long have you been employed at this company? _____

Please note that an adoption donation is required in order to cover spay/neuter and vaccination costs.

23) Do you understand this? Yes No

(Please try to give generously so that we may save more dogs and cats and place them into great homes!)

Please also note that Bobbi and the Strays has a return policy on all pets that we adopt out. This means that if you ever have to give up your pet – you are required to contact us.

24) Do you understand this? Yes No