



ADOPTION APPLICATION

- Dog Cat Bird
 Rabbit Pig Other

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	Email Address		
Work Phone	Occupation	Hours worked	
Why do you want to adopt an animal?			
Do you own your own home?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, do you have permission from your landlord to have a pet?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Landlord's name and phone number			
Are there children in the household?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, what are their ages?	
Does anyone in the household have allergies?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
If so, how do you plan to deal with the allergies?			

CURRENT PETS	
Do you currently own any pets? YES <input type="checkbox"/> NO <input type="checkbox"/>	Type? Age? Gender?
Are all the pets spayed or neutered? YES <input type="checkbox"/> NO <input type="checkbox"/>	If not, why?
Current on vaccinations? YES <input type="checkbox"/> NO <input type="checkbox"/>	

REFERENCES	
<i>Please list three references. Only one may be a family member.</i>	
Full Name	Relationship
Phone	
Full Name	Relationship
Phone	
Full Name	Relationship
Phone	

GENERAL QUESTIONS	
Is your yard completely fenced? YES <input type="checkbox"/> NO <input type="checkbox"/> (if applying for a dog)	What kind of fence? How high?
Where will the animal sleep at night?	How many hours during the day will the animal be alone?
Are you familiar and willing to abide by the Animal Control laws of your township, municipality, or County, including licensing?	YES <input type="checkbox"/> NO <input type="checkbox"/>
May we contact your veterinarian?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Veterinarian	Phone
Address	City, Zip
Where will the animal be when you take a vacation?	
Will you be able to groom the animal? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If necessary, are you willing to take the animal to obedience class? YES <input type="checkbox"/> NO <input type="checkbox"/> (if applying for a dog)	

THINGS TO CONSIDER	
Are you aware that a visit to your home may be required before adoption and could possibly take place on a random basis after adoption?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you aware that unknown behavior problems could exist or may develop?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you understand that all household pets need to go to the veterinarian on a yearly basis for checkups? And that some animals need to be on monthly heartworm preventative?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Pets can live 15 years or longer. Can you commit to caring for this animal for that period of time or more?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you physically and financially able to care for this animal?	YES <input type="checkbox"/> NO <input type="checkbox"/>

DISCLAIMER AND SIGNATURE

I have read the above information carefully and I certify that my answers are true and complete to the best of my knowledge. I also understand that omission of information and/or failure to answer all questions and sign the application can result in this application being declined. Also, if an omission or untruth is discovered after an adoption takes place, I understand and accept that All 4 Animals Rescue, Inc. has the right to annul the adoption and reclaim the animal.

Signature

Date