

Adoption Counselor: \_\_\_\_\_

# Adoption Application

Name: \_\_\_\_\_ Species you want to adopt: \_\_\_\_\_

Address: \_\_\_\_\_ For whom are you adopting: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Age of youngest family member: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Animals you currently own: \_\_\_\_\_

Do you: **OWN** **RENT** Landlord's Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

*The Animal Foundation views adoption as a lifesaving measure for the animal and a life-enhancing experience for you and your family. To best serve you and our animals, please respond to the statements below by circling your answer:*

True	False	I will keep this animal mainly indoors.
True	False	I consider adoption a lifelong relationship.
True	False	I will never strike my animal. I know that animals respond to love, attention, and positive training.
True	False	I am willing to housebreak my animal and train him or her to stop any destructive behavior.
True	False	I will make a good faith effort to adapt him or her to my home. I know that surrendering him or her back to the shelter is very traumatic for the animal.
True	False	If my animal gets lost, I will check all shelters, put ads in newspapers, post fliers, and make every reasonable effort to find him or her.
True	False	I know that health care, feeding, and training may cost \$40 or more per month.
True	False	I can and will be responsible for all costs associated with keeping my adopted animal.
True	False	I will keep proper tracking information on my animal, by registering his microchip with chip company.
True	False	All other companion animals I own are current on their vaccinations.
True	False	No one has animal related allergies in my household.

**If you want to adopt a DOG:**

True	False	I have a fenced/walled yard. Height? _____
True	False	None of the dogs I owned contracted the Parvo virus in the past year.
True	False	I know that crate training may be best to stop a dog's destructive behavior.
True	False	I will use a leash and humane collar when walking my dog.
True	False	I know that allowing an animal to ride in the back of an uncovered pickup is unlawful and dangerous.

**If you want to adopt a CAT:**

True	False	I know it is only natural for a cat/kitten to scratch and I will provide a scratching post (and additional training if necessary) to curb this potentially destructive behavior.
True	False	De-clawing is an amputation of a cat's toes and can be very painful. I agree not to de-claw my cat.
True	False	None of the cats I owned contracted Feline Influenza in the past year.

*I understand that through adoption, I am saving the life of an animal and will be giving him or her, the love, care, and attention he or she needs and deserves. I certify that all information in this application is true and understand that false information will result in automatic refusal or confiscation of the animal. I understand that the Animal Foundation may do a home visit to make sure I am properly caring for my new family member. From this day forward, I will be responsible for all associated costs regarding the animal I adopt.*

**Adopter Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*If adopting an animal that is sick: I am aware that the animal I am considering for adoption may have or maybe recuperating from an illness or contagious disease. I am also aware that by taking this animal into my home where other animals may be, there is a chance of spreading contagious disease. Should any animal in my home become ill, I do not hold the Animal Foundation responsible in any way. I also understand that it is my responsibility to take this animal to my own veterinarian to continue treatment as necessary and I am responsible for all expenses associated with the treatment.*

**Adopter Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The Animal Foundation reserves the right to refuse adoption to anyone.

For office use only:

**ID & Address Verified:** YES NO **Landlord Permission:** YES NO **Application Approved:** YES NO

**If not approved, reason for rejection:** \_\_\_\_\_

**Adoption Counselor:** \_\_\_\_\_ **Date:** \_\_\_\_\_