

**ANGELS FOR ANIMALS RESCUE ORGANIZATION ("A4A")
ADOPTION APPLICATION**

Adopting a pet is a **lifetime commitment**. If you aren't prepared to work with your pet through the adjustment period and beyond, please look no further. If you won't keep your pet if you move or as your family grows, please look no further. If you aren't prepared to nurse your pet back to health if it gets ill or if it needs surgery, please look no further.

Rescue animals have been through so much – dumped in shelters or found roaming the streets. They have been abandoned, neglected, starved and possibly physically abused. They need **TIME, PATIENCE, UNDERSTANDING and LOVE** in order to succeed in their new homes. Sometimes it may take several months for a rescue animal to make the adjustment to your home and family. If you aren't 100% committed to making this work with your new pet, please don't adopt. Any adopter of a rescue animal who has been through the adjustment period can tell you it's worth it. No pet is perfect just like no human is perfect. Please don't expect too much too soon from your new pet. We want every adoption to be successful.

Please print clearly.

TITLE: _____ FIRST NAME: _____ LAST NAME: _____

SPOUSE: _____

NAME(S) OF OTHER ADULTS IN HOME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____

DRIVER'S LICENSE NUMBER: _____ DATE OF BIRTH: _____

EMAIL ADDRESS: _____

The person(s) interested in adopting a companion animal from A4A must complete this questionnaire. Please do not consider it an invasion of your privacy. This application process was created to match you and a shelter animal with a permanent suitable home. The animal(s) you are interested in is/are required to live at the above residence. A4A will be calling your veterinarian and landlord. This is vital information that is required before an adoption can proceed.

1. How long have you lived at the above address? _____
2. What type of dog are you looking for?

| | | | | |
|-------|--------|--------------------|------------|--------------|
| Small | Medium | Long Hair Large | Short Hair | Non-Shedding |
|-------|--------|--------------------|------------|--------------|

 Specific Breed: _____
3. Please check any of the following reasons for adopting a pet that are applicable:

| | | |
|--------------|-------------------------|------------------------|
| Watchdog | Companion | Breeding |
| Hunting Dog | Family Pet | Guard dog for business |
| Child's Pet | Companion for other pet | |
| Other: _____ | | |
4. What is your occupation? _____
5. Where do you work? _____
6. Are you interested in adopting this pet for:

| | |
|----------|-------------|
| Yourself | Your Family |
|----------|-------------|
7. Where do you live?:

| | | |
|--------|-------------|-------------------|
| House | Condo | Apartment |
| Duplex | Mobile Home | Live with Parents |
8. Do you rent? Yes No If yes, do you have a lease? Yes No
Landlord permission must be obtained prior to adoption.
 Landlord's Name: _____
 Landlord's Address: _____
 Landlord's Phone Number: _____
9. How many people live in your household? _____. Do all adults in the household know and approve of your plan to adopt a pet? Yes No
10. What are the ages of the children in your household? _____
11. What is the maximum amount of time your pet will be home alone during the day?

12. Who will be responsible for your new pet? _____
13. How do you plan to exercise your new pet? _____
14. Are you willing to spend the time and money on obedience training for your new pet?
 Yes No
15. Are there any elderly or disabled persons living in your household? Yes No
16. Does anyone in your family have allergies to dogs? Yes No

17. If adopting a DOG, how will you handle:
Housebreaking? _____
Chewing? _____
18. Have you ever adopted a pet from A4A? Yes No
From another shelter? Yes No If so, Name of Shelter: _____
Adoption Date: _____ Where is the pet(s) now? _____
19. How many dogs and/or cats have you owned in the past five years?
Dogs: _____ Cats: _____
Where is/are the pet(s) now? _____
20. Have you had a dog die on your premises of parvo or unknown causes within the past three months? Yes No
If Yes, Please explain: _____
21. Have you had a cat die on your premises of FIV, FIP, distemper (panleukopenia), leukemia or other unknown causes in the past three months? Yes No
If Yes, Please explain: _____
22. Are you willing to go to the expense (\$250+ per year) and are you aware that upon adoption, you will be responsible for routine care for your companion animal(s), such as: yearly vaccinations, parasite testing/prevention, worming, flea control and immediate vet care if your animal becomes ill or injured? Yes No
23. Do you realize this is a commitment for the duration of the animal's and/or your life? (Please be conscious of the fact that animals can live upwards of 17 years.) Yes No
24. Where will your new pet live? Inside Outside
25. Is there a yard available? Yes No
If yes, is the yard completely fenced? Yes No
Wireless Fencing? Yes No
26. Is it okay with you that an A4A representative visits your home and inspects the animal's living conditions? Yes No
27. What will you do with your pet if you go away on vacation or in case of an emergency?

28. If you move, what will you do with your new pet? Please think about possible future situations: financial status, living situation, children, job changes, etc.

29. If you have any problems with your companion animal, will you work with A4A in trying to rectify the situation? Yes No

30. Name two personal references:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

31. Do you currently have any pets living in the same household? Yes No

If so, please describe them:

Name: _____

Age: _____

Sex: _____

Breed: _____

Are the pets: Indoors or Outdoors

If they are outdoor pets only, why? _____

Name: _____

Age: _____

Sex: _____

Breed: _____

Are the pets: Indoors or Outdoors

If they are outdoor pets only, why? _____

32. Who is your current Veterinary Clinic? _____

Who is your Veterinarian? _____ Veterinary Clinic # _____

Are all your pets' vaccinations up-to-date? Yes No

Are they all spayed or neutered? Yes No

If not, please explain: _____

33. By signing below I authorize A4A to speak with my Veterinary Clinic regarding my past and current animal(s) vaccinations and medical records and/or to obtain copies of such records. By signing below, I also acknowledge that I have received, read and agree to the following:

- Adoption Agreement, Waiver of Liability & Hold Harmless Agreement
- Media Authorization & Release Form

I agree to contact the A4A with any questions regarding the above mentioned documents.

Adopter's Signature: _____ Date: _____

Adopter's Signature: _____ Date: _____