

# Abandoned Angels Adoption Application

Abandoned Angels Animal Rescue reserves the right to refuse any adoption

"All items must be filled out completely!"

DATE \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

HOME EMAIL \_\_\_\_\_ WORK EMAIL \_\_\_\_\_

EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_

ARE YOU OVER THE AGE OF 18?  YES  NO

WHO WILL PRIMARILY BE RESPONSIBLE FOR THIS PET?

SELF  SPOUSE  CHILDREN  OTHER

HOW MANY CHILDREN AT HOME? \_\_\_\_\_

AGES \_\_\_\_\_

DO YOU  OWN A HOME?  RENT?  LIVE W/PARENTS?  OTHER?

HOW LONG HAVE YOUR LIVED AT THIS ADDRESS? \_\_\_\_\_

TYPE OF HOME (I.E.APT., CONDO ,RANCH, MOBILE HOME, FARM, ETC) \_\_\_\_\_

LANDLORD'S NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

WILL YOU DECLAW IF ADOPTING A CAT?  YES  NO

HOW MANY HOURS WILL YOUR PET BE LEFT ALONE DURING THE DAY? \_\_\_\_\_

WHERE WILL HE/SHE BE KEPT WHEN YOU ARE NOT HOME? \_\_\_\_\_

HOW MANY HOURS PER DAY WILL HE/SHE BE INSIDE? \_\_\_\_\_

HOW MANY HOURS OUTSIDE? \_\_\_\_\_

WHERE WILL HE/SHE BE KEPT WHEN OUTSIDE? (FOR DOG APPLICATION)

TIED OUTSIDE  IN A DOG RUN  IN A FENCED YARD  OTHER

DO YOU HAVE A YARD?  YES  NO

DO YOU HAVE A DOGHOUSE?  YES  NO

HAVE YOU EVER OWNED PETS IN THE PAST?  YES  NO

WHAT KIND OF PETS HAVE YOU OWNED? \_\_\_\_\_

WHERE DID YOU GET THEM FROM? \_\_\_\_\_

WHAT HAPPENED TO THEM?  LOST  GIVEN AWAY  SOLD  DIED  OTHER

IF THEY DIED, FROM WHAT AND HOW OLD? \_\_\_\_\_

HAVE YOU EVER TURNED A PET INTO ASSOCIATED HUMANE?  YES  NO

OWN \_\_\_\_\_ STRAY \_\_\_\_\_ OTHER \_\_\_\_\_

HOW MANY PETS ARE NOW LIVING AT THE ABOVE ADDRESS?  NONE

DOGS (PLEASE LIST)

NAME \_\_\_\_\_ AGE \_\_\_\_\_ ALTERED \_\_\_\_\_ VACCINES \_\_\_\_\_

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NAME \_\_\_\_\_ AGE \_\_\_\_\_ ALTERED \_\_\_\_\_ VACCINES \_\_\_\_\_

CATS: (PLEASE LIST)

NAME \_\_\_\_\_ AGE \_\_\_\_\_ ALTERED \_\_\_\_\_ VACCINES \_\_\_\_\_  
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OTHER PETS \_\_\_\_\_ WHAT KINDS \_\_\_\_\_

CURRENT VETERINARIAN \_\_\_\_\_

ADDRESS AND PHONE # \_\_\_\_\_

DOES ANYONE IN YOUR HOUSEHOLD HAVE ALLERGIES? \_\_\_\_\_

**REFERENCES**

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

RELATIONSHIP TO APPLICANT \_\_\_\_\_

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

RELATIONSHIP TO APPLICANT \_\_\_\_\_

**OPTIONAL**

**ANSWERS TO THE FOLLOWING QUESTIONS WILL HELP US  
 SELECT AN APPROPRIATE PET, BEST SUITED FOR YOUR  
 INTERESTS AND LIFESTYLE.**

ARE YOU INTERESTED IN (PLEASE CHECK ALL THAT APPLY)

HOUSE PET  OUTSIDE  HUNTING

BREEDING  BUSINESS  WATCHDOG

MOUSER  GIFT  OTHER

BREED(S) DESIRED \_\_\_\_\_

SEX MALE  FEMALE

AGE \_\_\_\_\_

SIZE \_\_\_\_\_

ARE YOU PLANNING TO SPAY OR NEUTER YOUR ADOPTED PET?

Yes  No

**IN SIGNING THIS APPLICATION, I CERTIFY THAT I HAVE ANSWERED ALL QUESTIONS  
 TRUTHFULLY, AND THAT I ACCEPT THE TERMS OF THIS ADOPTION AGREEMENT GIVEN TO  
 ME, AND UNDERSTAND ALL STATEMENTS AND STIPULATIONS PROVIDED BY ABANDONED  
 ANGELS ANIMAL RESCUE, INC.**

Signature \_\_\_\_\_

Date \_\_\_\_\_