

Abandoned Angels Adoption Application

Abandoned Angels Animal Rescue reserves the right to refuse any adoption

"All items must be filled out completely!"



NAME _____ ADDRESS _____ DATE _____
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 YOU 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 _____	BREED _____	ALTERED _____	VACCINES _____
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NAME _____	AGE _____	BREED _____	ALTERED _____	VACCINES _____
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NAME _____	AGE _____	BREED _____	ALTERED _____	VACCINES _____
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NAME _____	AGE _____	BREED _____	ALTERED _____	VACCINES _____
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CATS: (PLEASE LIST)

NAME _____	AGE _____	BREED _____	ALTERED _____	VACCINES _____
NAME _____	AGE _____	BREED _____	ALTERED _____	VACCINES _____
NAME _____	AGE _____	BREED _____	ALTERED _____	VACCINES _____
NAME _____	AGE _____	BREED _____	ALTERED _____	VACCINES _____

OTHER PETS _____ WHAT KINDS _____

CURRENT VETERNARIAN _____

ADDRESS AND PHONE # _____

DOES ANYONE IN YOUR HOUSEHOLD HAVE ALLERGIES? _____

REFERENCES, *MUST PROVIDE AT LEAST ONE NON RELATED REFERENCE*

NAME _____ PHONE NUMBER _____
RELATIONSHIP TO APPLICANT _____

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RELATIONSHIP TO APPLICANT _____

OPTIONAL

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

House pet	<input type="checkbox"/>	Outside	<input type="checkbox"/>	Hunting	<input type="checkbox"/>
Breeding	<input type="checkbox"/>	Business	<input type="checkbox"/>	Watchdog	<input type="checkbox"/>
Mouser	<input type="checkbox"/>	Gift	<input type="checkbox"/>	other	<input type="checkbox"/>

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. BY FILLING OUT THIS APPLICATION I UNDERSTAND THAT IT IS NOT A GUARANTEE THAT I WILL BE APPROVED THE ANIMAL I APPLIED FOR.

Signature _____

Date _____