

APPLICATION FOR ADOPTION OR FOSTER

If you are interested in adopting or fostering a pet, fill out this application in its entirety. PLEASE PRINT CLEARLY.

PERSONAL INFORMATION: If person is over 70 years old we need a co-adopter

Dog/Cat name _____ First Name _____ Gender _____

Last Name _____ Age _____

Email _____

Phone (_____) _____

Social Media: Facebook _____

Instagram _____ Other _____

If person is over 70 years old we need a co-adopter

RESIDENCE:

Street _____ Town _____ State _____

Zip _____ How long at this address _____ Own _____ Rent _____

Are Pets permitted in the building _____ If Rent Landlord's phone _____

Do you have back yard _____ if yes is it fenced _____

BACKGROUND:

Are you adopting/fostering for yourself or someone else _____

Do you know pets can live 15+ years _____ Are you ready to commit _____

How many hours a day will pet be left alone _____

Do you live with Spouse/partner _____ Children _____ Roommate _____ Other _____ Ages _____

Is anyone in your household allergic to pets _____ smoker _____

Will you consider pet with disability/illness _____ When can you take pet home _____

HISTORY WITH PETS:

Have you had pets before Dog _____ Cat _____ Other _____

Where are they now _____ Are there other pets home Dogs _____ Cats _____

Are your current pets spayed/neutered _____

EMPLOYMENT INFORMATION

Employer _____ Address _____

Town _____ State _____ Zip _____

Phone _____ Occupation _____

Employment duration _____ Does your job require travel _____

Who will take care of your pet while you are away _____

Who will take care of your pet in case of emergency _____

PERSONAL REFERENCE:

Please list someone who knows you and your history with animals:

Name _____ Affiliation _____ How Long _____

Phone _____ email _____

VETERINARY REFERENCE

Clinic Name _____ Address _____

Phone _____ Veterinarian _____

Name the records are under _____

BUSINESS REFERENCE

Name _____ Cell Phone _____

*If during meet and greet session a biting accident occurs, you will not hold Petatet Rescue or it's representatives liable of injury caused by the dog to you or your property

AUTHORIZATION

____ The information on this application is complete and accurate to the best of my knowledge

____ I authorize all references provided to be contacted

____ I understand that the completion of this form is the first step in the adoption process and does not guarantee an adoption

____ if an adoption takes place, I will allow the pet(s) to be delivered to ensure that I will provide hazard free home

____ If my application is approved and I proceed with adoption, I agree to pay adoption fee

SIGNATURES

DATE

