Angie's Friends

Adoption Application

Pet's Name:	Date:
I have received, read, understand and document (please initial here be	•
Adoption Criteria:	
Applicant must be 25 years or contact.	older
Identification required with current address	
Knowledge and consent of all a	adults in this household
Must be willing and able to spe medical treatment and proper of	nd the time and money to provide training, care for this pet.
Name of Applicant:	
Name of spouse or life partner:	
Current Street Address:	
City, State and Zip Code:	
Home Phone:	Cell Phone:
Work Phone:	May you be contacted there?
Your Birthdate:	_ Spouse/Partner Birthdate:
Driver's License State and Number:	
Email:	Business or Personal:
Do we have permission to contact you	ı by email?
Your Occupation:	Full or Part Time:
Spouse/Partner Occupation:	Full or Part Time:

Tell us why you want a pet:		
Have you ever had a pet before? Dog or Cat, other?		
Where did you get your previous pet?		
How long has (or did) it live with you? If you no longer have this pet, what became of it?		
Lost. Under what circumstances:		
Given away. Why?:		
Sold. Why?:		
Died. Of What?:		
Do you currently have a pet(s)? If so, how many of what kind?		
Are your current pets spayed or neutered?		
Is (are) your dog(s) on heartworm preventative?		
* REQUIRED ANSWER - Dogs get heartworms from?		
Where do your pet(s) stay during the day when you're not there?		
Where will this pet stay during the night time?		
This pet would be: A companion for: me a child a senior citizen a gift Intended to be: Watch dog Hunting dog Guard dog for business Barn cat or mouser		

Do you leave your windows and doors open at home?
Do you have screens on your windows and doors?
If you have a fenced yard, what type is it and how high?
Do you have a pool? Do you want a dog that will swim in the pool?
Do you have experience with house training or litter training? How long do you expect training to take? What methods have you used before? We cannot guarantee any pet is housebroken. If you understand this will be your responsibility, initial here
Do you or anyone in your household have allergies to animals?
On a average day, how many hours would your pet be left alone?
Are you familiar with crate training and its benefits? If not, ask your adoption counselor for details about this.
Do you travel frequently? If you were required to leave town, where would your pet stay while you're gone?
How many children are in your household and what are their ages?
Do children frequently visit your home, if so, what ages?
If there are currently no children in the household, do you plan to have children in the next 10 to 15 years? If a baby comes along what are the consequences for your pet?
Do you have a veterinarian reference?
If yes, how long have you used this vet for pet care?

If you have no vet now, what basis will you use for choosing one? Examples: Referrals only, call and speak to the vet personally, see a clinic and walk in		
What will constitute the <u>need</u> to choose a vet? Examples: an emergency, when they get sick, when shots are due		
If you have a vet reference, please provide the following:		
Name of Clinic:		
Vet's name and phone number: If a current customer, is your current or prior pet listed under another customer name? If so, please provide that name:		
Provide the pet names we can ask about:		
Do you live in: Apartment House Condo/Townhouse Duplex Mobile Home		
Do you rent or own? How long have you been there?		
Is there a possibility you may move soon? If yes, what are the consequences of that move to your pet?		
If you rent, we require a copy be provided to us of the landlord's policy on animals, which should include the limit on the number of animals, size, and any breed restrictions. We also require proof the <u>deposit has been paid before the pet is adopted.</u>		
Please provide: Apartment complex name and phone number:		
Your landlord's name and phone number (if a house):		

ease provide a personal reference, who knows your character and your sentiment wards animals: (may not be a relative or room-mate)	
ame:	
ddress:	
ty, State and Zip Code:	
est phone contact (home phone / cell / work):	
bedience training: The believe sending your pet to a school is counter productive to them growing into le with you. If you intend to enroll your pet in some type of training, we urge you noose one that teaches you with your pet. If you're interested in classes we recommease ask your adoption counselor. This is a time commitment and a chance to estate our position early as the leader of the pack. You'll get back 100% of what you give.	ou to end blish
Veterinary Care: I understand veterinary care for this pet can extend ten to twenty years. I agree to regular and emergency veterinary care for the life of this pet. Initial here:	
the event I am unable to keep this pet for any reason, including medical emergence ath, I understand and agree to surrender the pet back to Angie's Friends and not to surrender animal care facility, person or family member. I further acknowledge the doption fee is non-refundable and I agree to give a minimum of two weeks notice pethis surrender so room can be made available for the return of this pet.	to
understand this Adoption Application will be used to verify my statements and he athorize Angie's Friends to contact the names I provided. I further agree to a haspection to confirm the environment is what I claim it is. I submit this application in gith and promise to support and protect the pet I want to adopt for the rest of its nate. Angie's Friends recognizes the sensitive nature of the information in this application. Nothing in the polication is shared with anyone. It is used to ensure the best possible home for our animals and it our exclusive use for that purpose.	nome good itura his
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