

## Animal Adoption Application Form

### Contact Information

Full name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

How long at this address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Best time to call: \_\_\_\_\_

Email address: \_\_\_\_\_

### Family & Housing

How many adults are there in your family (their relationship to you)?  
\_\_\_\_\_

How many children (ages)?  
\_\_\_\_\_

What type of home do you live in single family, town home, apartment, farm, etc.?  
\_\_\_\_\_

Please describe your household:  Active  Noisy  Quiet  Average

If you rent, please give the rules governing pets and the landlord's name and number:

---

(by providing this information you are allowing For All Animals to contact your landlord please inform them of this call so they will speak with us)

Does anyone in the family have a known allergy to animals? \_\_\_\_\_

Is everyone in agreement with the decision to adopt a companion animal?  
\_\_\_\_\_

Do you have time to provide adequate love and attention? \_\_\_\_\_

**Other Pets**

What other pets do you have (specify type and number)?

---

Are these pets up to date on vaccines? \_\_\_\_\_

Are these pets spayed/neutered? If not..why? \_\_\_\_\_

---

Have you every surrendered a pet? If so, why?

---

Have you ever had a pet euthanized? If so, why?

---

Have you ever lost a pet to an accident?

---

How do you discipline your pets and why?

---

**Veterinarian**

Do you have a regular veterinarian?  Yes  No

Veterinarian's name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

Clinic Phone: \_\_\_\_\_

(Providing FOR ALL ANIMALS with this information you are allowing FOR ALL ANIMALS to call your vet. Please call your vet and ask them to authorize the release of information to FOR ALL ANIMALS.)

**About the Pet You Wish to Adopt**

What is your idea of an ideal pet and why?

Desired age: \_\_\_\_\_ Desired Size: \_\_\_\_\_

Desired breed: \_\_\_\_\_

Breed you would not adopt: \_\_\_\_\_

Desired sex:  Spayed Female  Neutered Male  No preference

Willing to adopt:  outgoing/hyper pet  shy pet  
 pet that needs regular medication  pet that needs training  
 pet that needs grooming  None of these

Where will the pet spend the day? (*describe*)  
\_\_\_\_\_

Where will the pet spend the night? (*describe*)  
\_\_\_\_\_

Number of hours (average) pet will spend alone? \_\_\_\_\_

Who will have primary responsibility for this pet's daily care? \_\_\_\_\_

Who will have financial responsibility for this pet? \_\_\_\_\_

Do you agree to provide regular health care by a Licensed Veterinarian?  Yes  No

Do you agree to keep the pet as an indoor pet?  Yes  No

When the pet goes out, how do you plan to supervise it? Fenced yard?

Do you agree to contact FOR ALL ANIMALS if you can no longer keep this pet?  Yes  No

Are you be willing to let a representative of FOR ALL ANIMALS visit your home by appointment?  
 Yes  No

How did you hear about FOR ALL ANIMALS?  
\_\_\_\_\_

Would you be interested in fostering?  Yes  No  Would like to know more

**Personal References**

Please list someone who is familiar with both you and your pets.

Name:

Address:

Phone:

Relationship (relative, neighbor, friend, etc.):

Name:

Address:

Phone:

Relationship (relative, neighbor, friend, etc.):

All of the information I have given is true and complete. This pet will reside in my home as a pet. I will provide it with quality pet food, plenty of fresh water, indoor shelter, affection, annual physical examination and vaccinations under the supervision of a licensed Veterinarian.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)