



## ANIMAL ADOPTION APPLICATION

|                      |                   |            |             |
|----------------------|-------------------|------------|-------------|
| <b>Name</b>          |                   |            | <b>Date</b> |
| <b>Address</b>       |                   |            |             |
| <b>City</b>          | <b>State</b>      | <b>Zip</b> |             |
| <b>Home Phone</b>    | <b>Cell Phone</b> |            |             |
| <b>Email Address</b> |                   |            |             |

Please read the following carefully. In order to adopt you must meet the following qualifications:

- ❖ You must be 18 years of age.
- ❖ Have a current photo identification showing age and current address.
- ❖ Be willing and able to provide training, medical care, and attention to your pet.
- ❖ Have your pet licensed annually and vaccinated against rabies as necessary.
- ❖ Provide heartworm prevention medication throughout his/her life.

### PERSONAL INFORMATION

Drivers License: \_\_\_\_\_ Name of Veterinarian \_\_\_\_\_

Type of housing ( ) Own Home ( ) Own Condo ( ) Rent Home/Apt.

**IF YOU DO NOT OWN YOUR HOME, HAVE YOU CHECKED WITH**

**THE PROPERTY OWNER CONFIRMING THAT YOU MAY HAVE A PET AT THE RESIDENCE? Yes \_\_\_ No \_\_\_**

How long at present address? \_\_\_\_\_ Are you planning on moving in the next 6 – 12 months? \_\_\_\_\_ If so, when \_\_\_\_\_

Do you have access to a yard? \_\_\_\_\_ What size? \_\_\_\_\_

If yard is enclosed please describe \_\_\_\_\_

Do you or anyone living in the residence have any type of allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

**Pet History:** What pets do you currently have in your home? Please include all animals.

| Type of Animal | Age | Sex | Sterilized | How Long Owned | Veterinarian |
|----------------|-----|-----|------------|----------------|--------------|
|                |     |     |            |                |              |
|                |     |     |            |                |              |
|                |     |     |            |                |              |
|                |     |     |            |                |              |

Have you ever brought an animal to a shelter under any circumstances? ( ) yes ( ) no

If you answered yes, please explain.

\_\_\_\_\_

How did you hear about our organization, Out of the Box Animal Rescue? (circle those which apply) Newspaper Television Website Pet Store Friend Facebook Other \_\_\_\_\_

How many hours a day will the pet be left alone? \_\_\_\_\_

Where will the pet be kept during the day? \_\_\_\_\_ During the evening? \_\_\_\_\_

If you leave the pet outdoors, describe the shelter you will provide \_\_\_\_\_

Please confirm that you are aware of the County’s Ordinance which forbids Unattended Tethering \_\_\_\_\_ Yes \_\_\_\_\_ No

Who will take care of the animal in case of emergency \_\_\_\_\_

I certify that all of the information in this application is true and I understand that false information may void the application.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Out of the Box Animal Rescue Representative**

\_\_\_\_\_  
**Name & type of animal adopted**