



# OFFICE USE:

Tour Guide \_\_\_\_\_

Landlord Check \_\_\_\_\_

References Check \_\_\_\_\_

Adoption Counselor \_\_\_\_\_

License # \_\_\_\_\_

Date of application: \_\_\_\_\_

Animal you wish to adopt: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell/2<sup>nd</sup> Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Are you Head of this household? \_\_\_\_ Yes \_\_\_\_ No, explain: \_\_\_\_\_

Place of employment \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Pet's new home is a \_\_\_\_ House \_\_\_\_ Apartment \_\_\_\_ Condo \_\_\_\_ Mobile Home \_\_\_\_ Other \_\_\_\_\_

This property is: \_\_\_\_ Owned \_\_\_\_ Rented ***If rented please complete below:***

***Pet allowance, weight and/or breed restrictions will need to be verified by adoption counselor.***

Landlord/Rental agency name: \_\_\_\_\_ Phone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Condominium Name: \_\_\_\_\_

Number of adults living in pet's new home: \_\_\_\_\_ Number of minors \_\_\_\_\_

Does anyone in the household have an allergy to dogs/cats? \_\_\_\_ No \_\_\_\_ Yes

How many hours/day will this pet be alone without human companionship/supervision? \_\_\_\_\_

In general, where will this new pet be during the day? \_\_\_\_\_ At night? \_\_\_\_\_

**If a cat:** Is it your intention to have this cat declawed? \_\_\_\_ Yes \_\_\_\_ No

Will you be keeping this cat indoors at all times? \_\_\_\_ Yes \_\_\_\_ No, explain \_\_\_\_\_

**If a dog:** Would you be willing to enroll in obedience classes? \_\_\_\_ Yes \_\_\_\_ No

When outdoors: (*check all that apply*) \_\_\_\_ On a leash \_\_\_\_ Allowed to run loose \_\_\_\_ Chained

\_\_\_\_ Fenced yard Type of fence \_\_\_\_\_ Height of fence \_\_\_\_\_

What type of outdoor shelter will be provided? \_\_\_\_\_

Are any other animals at the property where the pet will live? \_\_\_\_ Yes \_\_\_\_ No ***If yes, complete below:***

Name of Animal	Type of Animal	Sex	Age	Time Owned	Spayed/ Neutered?

Reference Type	Name of Reference	Phone Number <i>with area code</i>
<b><i>Veterinarian or Clinic*</i></b>		
<b><i>Non-family member</i></b>		

How many pets, other than those listed above, have you owned in the past 5 years? \_\_\_\_\_

What happened to them? \_\_\_\_\_

Will you allow a representative from Honor Animal Rescue to visit your home? \_\_\_\_ Yes \_\_\_\_ No

Where did you hear about Honor Animal Rescue? \_\_\_\_\_

**Adopter Agreement** By signing below, I certify that the information I have given is true and that any misrepresentation of facts may result in my losing the privilege of adopting a companion animal from *Honor Animal Rescue*. I understand that all adoptions fees are non-refundable.

\_\_\_\_\_  
Signature of Adopter

\_\_\_\_\_  
Date