

SOS Animal Rescue Adoption Application

To ensure the best possible placement of our rescued animals, please complete the following questions. Please be as thorough as possible. We reserve the right to refuse adoption to any applicant we feel is not in the best interest of the animal. Any false statements on an application will automatically result in denial of approval.

Name of pet you are interested in adopting: _____

Your name: _____ Spouse: _____

Age(s): _____ (must be over 21) Drivers License # _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell: _____

Email : _____ Occupation(s): _____

Household Information:

Do you OWN _____ RENT _____ If you RENT, are pets allowed? _____

Name and phone number of landlord: _____

Any children in the household? YES _____ NO _____ Age(s) _____

Does anyone in the household suffer from allergies? YES _____ NO _____

Pet History:

Have you ever owned a pet before? YES _____ NO _____ What type(s)? _____

Which of these pets do you **still** own? **If dog, what breed(s)?** _____

Dog _____ Cat _____ Age _____ Spayed/neutered? Y N

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Dog _____ Cat _____ Age _____ Spayed/neutered? Y N

Are all pets current on their vaccinations? _____ if not, why? _____

Name and phone # of **VETERINARIAN:** _____

*** Do we have permission to contact your vet to verify shot records? YES _____ NO _____**

What name are the pets records under? _____

Do your cats go outside? YES ____ NO ____ Are/were your cats declawed? YES ____ NO ____

General:

1. What do you feel are the most important responsibilities in owning a pet?

2. For whom are you adopting this animal? Will this animal be a gift for someone? _____

3. Where will this pet be kept? INDOORS ____ OUTDOORS ____ BOTH ____

* Dogs only* Do you have a fenced in yard? YES ____ NO ____

4. Are you planning on having this cat declawed? YES ____ NO ____ UNSURE ____

5. About how many hours a day will the animal be alone? _____ When you are not at home, where will the pet be kept? _____

6. Are you prepared to put in the time to introduce your new pet properly to existing pets?

(if applicable) An SOS representative will clearly explain the steps to you- it may take a few weeks for all animals to adjust. _____

7. Are you prepared to care for this pet financially, and provide all necessary veterinary care it may need? This is a lifetime commitment. _____

8. How much do you think it may cost per month to care for this pet? _____

9. Do you have a **back-up plan** in the event that you can no longer care for this animal? (death, loss of job, housing situation, etc.) Who will take responsibility for their care?

10. Do you permit SOS to do a home visit - by appointment- if requested? _____

List one personal reference **(not related)** _____

Phone # _____

*I certify that the information given on this application is true and correct. I agree to the above terms. **Should I be approved for adoption of this pet**, I understand that failure to comply with any of these terms will result in surrender of the adopted animal. Some information on this application may be shared between rescue groups. **Adoption fee is considered a donation and is non-refundable.***

Signature of applicant _____ Date _____