



Pet Adoption Application

Please fill out this form completely and email to animalauthorityrescueteam@gmail.com
Failure to answer one or more questions may result in your application being rejected.
Completion of this application does not guarantee adoption.



Date: _____ Name of desired pet: _____

Applicant name: _____ Occupation: _____

Phone number(s): Cell: _____ Home: _____ Email: _____

Spouse/Significant other name: _____ Occupation: _____

Phone number(s): Cell: _____ Email: _____

Children names & ages: _____

Other occupants in the home: _____

Who will be the primary care giver feeding and care of new pet? _____

Type of dwelling: HOUSE APARTMENT CONDO TOWNHOUSE

Other: _____

Physical street address: _____

City: _____ State: _____ Zip code: _____

Own: Rent: Do you have your landlord's permission to have a pet? YES NO

If renting, what is the weight or breed restriction: _____

Landlord's Name: _____ Phone number: _____

Do we have permission to call your landlord to verify: YES NO If not why: _____



What is the primary reason for new family pet: _____

Companion for family: For you For the kids Gift Watch dog
Emotional Support For another pet

Other / detail(s): _____

If you have children, please describe their previous experience with pets/animal(s): _____

If your children did not want a pet, would you be interested in adopting one for yourself: _____

Does anyone in your household have allergies: YES NO If yes, describe: _____

Pets living in the home, #'s of each: Dog(s): _____ Cat(s): _____ Other animal(s): _____

Type of pet, breed, gender and age of any dogs / cats, other animals living in your home: _____

Are ALL you pet(s) spayed/neutered: YES NO If not, why: _____

Have you ever allowed an animal to breed: YES NO If yes, reason: _____

List pets you have been a guardian of since you have been an adult and length of guardianship: _____



What happened to the ones no longer with you: _____

Is there anyone home during the day: YES NO Who: _____

How many hours per day will the pet be left alone per day: _____

Will the pet be an indoor pet: Or outdoor pet: _____

How many hours per day will the pet be left alone per day: _____

Where will the pet stay when home alone: inside / outside: _____
(Please be as specific as possible, i.e., run of the house, a specific room, a crate, etc.)

Will you use a crate: YES NO Have you used / trained in crate before, describe: _____

What area(s) of the house will the pet be allowed: _____

What area(s) of the house will the pet NOT be allowed: _____

Where will the pet sleep at night: Inside Outside _____

If inside, where exactly: Kitchen Master Bedroom Children's Bedroom Spare room

Laundry room Run of the House Other: _____



What rooms in the house that are off limits to the Pet: _____

What outside areas are available to the pet: Fenced yard Enclosed Patio Garage Balcony Dog house Unfenced common area Other: _____

Do you have a pet door: YES NO

Do you have a private fenced yard: YES NO Type of fence: Chain Link Wood Block wall Describe: _____

How high is the fence highest point: _____ lowest point: _____

Describe condition of the fence: _____

I promise to inspect my fence thoroughly before the home visit and make necessary repairs for the safety and well-being of our new pet. YES NO

How many gate(s): _____ How high: _____

Locked: YES NO Type of lock(s): Padlock / Key / Latch etc.: _____

If no locks, are you willing to install prior to placement should this application be accepted? YES NO

Do you have a pool: YES NO Is it fenced separately from the yard? YES NO

Who has access to your yard: Gardener Pool cleaner Utility Personal Neighbor

If other, please explain: _____

Where will the pet be located during these visit(s): _____

How will you introduce the pet to visitor(s): _____

Preferred level of exercise with pet: Couch Potato Short walks Vigorous walks Long Hikes

Jog regularly Detail(s): _____



Who will care of the pet when you are on vacation / business trips: Family Friend Kennel

Pet Sitter Other / Detail: _____

What brand/ type of food will you feed the pet: Kibble Canned Table scraps human food

Brand name(s): _____

Other type of treats / snacks: _____

Do you have a regular veterinarian: YES NO Name of vet: _____

Name of Clinic / Hospital: _____ Phone number: _____

Do we have permission to call your veterinarian: Yes No If not reason: _____

Who will groom / bathe your pet: _____

Will your pet wear a collar: YES NO When: _____

What type of collar do you use: Leather Nylon Choke chain Harness Pinch

If other, please explain: _____

Would you allow your pet to wear a permanent I.D. tag: YES NO _____

Would you allow your pet to wear a permanent Animal Authority Rescue Team I.D. tag? YES NO

How do you normally exercise your pet? On leash Off leash

How would you rate your level of guardianship experience: First Time Beginner Intermediate

Advanced Give Description: _____



How would you discipline your pet for miss behavior: _____

How would you reward your pet for good behavior: _____

How will you train this pet: _____

Professional trainer Obedience class Hit with newspaper Firm verbal commands

Clicker/hand signals Other / please describe: _____

How often will you exercise your pet: Often / Every few weeks / Rarely / Never: _____

On leash / Off Leash / Collar Only / Choke chain / Harness / Other: _____

Are you able to make a long term commitment to care for your pet for its entire life span, which could be as much as 10-20 years? Yes _____ No _____

Are you expecting to move in the next 5 years: Yes / No _____

What would happen to the pet if you moved: _____

Locally: _____

Out of state: _____

Out of the country: _____

Which of the following reasons might prompt you to give up your pet? (Circle all that apply)

Excessive noise / Biting / Digging / Moving / Divorce / Poor watchdog

Destructive chewing / Financial Problems / Occasional accidents indoors / Growling at guests

Excessive vet bills / Shedding / Allergies / New spouse/partner doesn't like the pet

Aggressive on leash / None of the above

How would you handle the above misbehavior(s): _____

Under what circumstances would you not be able to keep this pet: _____



Will you be able to live with hair on your furniture, stains on your rugs, a warm body on your bed, and an animal that might be destructive at time? Yes _____ No _____

Remember, pets are an investment of your time and money. Can you afford to provide medical care, grooming, proper diet, proper shelter and exercise for your new pet? Yes _____ No _____

Why are you interested in adopting from rescue: _____

How did you find out about our adoption program: _____



Please read, initial each statement below and sign.

_____ I understand that a home visit is required prior to final placement.

_____ I understand that a home visit does not guarantee placement.

_____ I CAN make a donation of at least \$_____ to help rescue, provide medical care, spay and neuter, board and place other abandoned pets. (Inability to make a donation does not disqualify an applicant from consideration.) I understand that any donation or contribution is a gift freely given, not a purchase price for a pet.

_____ I agree to provide my own collar, leash, choke chain or harness, and personal ID at the time of completing the adoption contract.

(Inability to make a donation does not disqualify an applicant from consideration. Applicant can work some of it off through volunteering)

Please list the name of the pet you're interested in again, and tell us why you're interested in this particular pet.

Signature: _____ Date: _____

Please list two references:

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Animal Authority Rescue Team reserves the right to refuse adoption to any applicant for any reason.

This questionnaire becomes part of our contract.

Thank you for adopting and saving a life