

Work Phone:

High Desert Angels for Animals

P.O. Box 211

Littlerock, CA 93543-2114

Animal Adoption Application

Please answer all questions: In order to be considered for an adoption you must: 1) be 21 years of age. 2) Have the knowledge and consent of all adults living in your household. 3) Have a valid ID with current address. 4) Understand that completing this application does not guarantee adoption and that High Desert Angels for Animals must approve your application. 5) Agree to a home visit.

Pet you are applying for:							
			.				
	Applicant/c	о-арр	licant	information			
Last name:		First	name:		_		
Last name:		First	name:		_		
Address:		City,	State, Z	Zip Code:	_		
Home Phone:		Cell Phone:					
E-mail Address:							
Do you live in a Home?	Condo or Apartmen	How long have you lived at this address?					
If you rent, or live in a condo, do you have			Landlord or condo board phone #:				
permission to have a pet?							
How were you referred to Hi	gh Desert Angels for A	Anima	ls?				
	Family/	House	hold I	nformation			
Number of adults in the house	hold:	Relat	ionship	os:			
Have all the adults in the hous	ehold agreed to this	adopti	on? Y	es No			
Number of children in the hou	sehold?	Ages	of child	dren?			
Have the children had pets before?			What type?				
Is anyone allergic to pets? Yes No			Who?				
Why would you like to adopt a	nn animal from us? (c	check a	II that a	apply)			
Companion for self?		Companion for child?					
Companion for other pet?		Companion for other household member?					
Watch dog?		Gift?		Other (Please specify)			
	Employr	nent i	nforma	ation			
Applicants Employer:		Co-ap	plicant	t's employer:			
Address:		Addr	ess:				
Position held:		Posit	ion held	d:	_		

Work Phone:

Applicant's work hours: Co-applicant's hours:								
Please	Please tell us about any pets you currently have or have had in the past:							
Name	Breed	Age	Male o Female		Spayed or Neutered	Indoor or outdoor pet?	What happened to any other pets you have owned in the past?	
		V	eterina	rian in	formation:			
Veterinarian'	s Name:			Veteri	inarian's Phone	:		
When was yo	When was your current or previous pet's last visit to a veterinarian and why?							
			Ne	w Pet	Information			
How much tir	ne are you prep	pared to allow f	or your	new pe	et to adjust to y	our home?		
Are you able	Are you able to afford a bill of \$1500-\$3000 (or more) for emergency veterinary care?							
Are you comr	nitted to provio	ling a responsik	ole hom	e for yo	our pet's entire	life (15+ years)?	
If you must	move, are you إ	orepared to mo	ve your	pet wit	th you?			
Who in the ho	ousehold will be	e the pet's prim	nary care	e giver,	or will the who	le family be in	volved?	
Where will t	Where will the dog be kept when you are home during the day? While you are working?							
Approximately how many hours will your pet be left alone without human companionship?hoursDays per week.								
What outside areas would be available to your dog? Fenced Yard? Balcony? Kennel or run? Covered Patio?								
What inside areas would be available to your pet or are certain parts off limits?								
Where will your pet sleep? Outside? In one room? (Please state room.) Run of the house? Crate or flexi pen?								
Do you have a doggie door?								
Do you have a fenced in yard? Fence height:								
What is the fence constructed of? Chain link? Block? Wood? Wrought Iron? Other?								
Does the yard provide shade or will you provide a dog house?								
Do you have a pool?				If yes, does the pool have its own fencing around it to prevent the pet from going into the pool when out in the yard?				
Have you ever given a pet to a shelter?								
Under what circumstances would you not be able to keep the new pet? (please check all that apply)								
Digging Biting Excessive Barking Divorce Moving Poor watch dog Destructive chewing,								
Shedding, Allergies. Excessive vet bills Accidents indoors New spouse/Partner doesn't like pet Aggressive with other dogs Growling at guests None of the above								
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Please list 3 personal references below					
Name:	Phone #				
Name:	Phone #				
Name:	Phone #				