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katesrescue.org

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*Office Use Only..*

Animal Name: \_\_\_\_\_

Date: \_\_\_\_\_

ID#: \_\_\_\_\_

## *Kate's Rescue for Animals*

### ANIMAL ADOPTION APPLICATION

Completion of this application does *not* guarantee adoption of a Kate's Rescue animal

### *About You...*

Name of applicant \_\_\_\_\_ Occupation \_\_\_\_\_ Age \_\_\_\_\_

Name of Spouse/Significant Other \_\_\_\_\_ Occupation \_\_\_\_\_

Names (and ages) of children, if any \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Do you live in a  House  Apartment  Condominium  Townhouse/Duplex  Other  
\_\_\_\_\_

Do you  Own or  Rent If you rent, does landlord permit pets?  Yes  No

Landlord's Name and Phone Number \_\_\_\_\_

### *Your Home...*

How much of the time will the pet be outdoors? \_\_\_\_\_

How much of the time will the pet be indoors? \_\_\_\_\_

How much time will the dog be left alone? \_\_\_\_\_ Where will it be left alone? \_\_\_\_\_

What area(s) of the house will the pet be allowed into? \_\_\_\_\_

Where will the pet sleep at night? \_\_\_\_\_

Do you have a fenced yard?  Yes  No If so, how high is the fence? \_\_\_\_\_

What type of fence? \_\_\_\_\_ Are the gate(s) normally locked?  Yes  No

Do you have a pool?  Yes  No If so, is it fenced separately from the yard?  Yes  No

## *About your Pets...*

Why do you want a pet? (Check all that apply)

House Pet  Companion for family  Companion for other pet  Companion for children  
 Protection for home/family  Protection for business  Watchdog  As a gift  Other  
(Specify) \_\_\_\_\_

Other pets (Specify number of each):  Dogs \_\_\_\_\_  Cats \_\_\_\_\_  Other \_\_\_\_\_

If you have any dogs or cats, are they spayed/neutered?  Yes  No

What pets have you had in the past? \_\_\_\_\_

What happened to the ones you no longer have?

What would happen to the pet if you moved?

Locally?

Out of State?

## *Vet Services...*

Do you have a regular veterinarian?  Yes  No If so, vet's name \_\_\_\_\_

Name of Clinic \_\_\_\_\_ Phone number \_\_\_\_\_

\_\_\_\_\_ Please initial if you are willing to allow us to contact your Veterinarian for a reference.

What are your plans for a medical emergency?? Not all of us are financially able to handle the immense vet bills that can incur

## *Allergies...*

Does anyone in your household have pet allergies:  Yes  No If so what kind? \_\_\_\_\_

## *Training your Pets...*

How would you train your pet? (Check all that apply)

- Obedience school       Hit with newspaper       Clicker/Hand signals  
 Firm verbal commands     Other (specify) \_\_\_\_\_

## *Dog Hair...*

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 times?  Yes  No

## *Pet Care and Commitment...*

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

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

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

## *Adoption Requirements*

20 year commitment to the animal, you must be a U.S. Citizen or permanent resident, you must allow a home visit (a Kate's Rescue for Animals representative to visit your home prior to adoption.)

Do you understand and agree to the adoption requirements?  Yes  No

By signing this application you are agreeing that all information provided is true and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Kate's Rescue for Animals reserves the right to refuse adoption to any Client for any reason. This questionnaire becomes part of our contract.