



# NEW BEGINNINGS ANIMAL RESCUE ADOPTION APPLICATION

PO BOX 1963  
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newbeginnings\_animalrescue@yahoo.com  
www.newbeginningsanimalrescue.net

Name of Animal: \_\_\_\_\_ Dog or Cat: \_\_\_\_\_ Date: \_\_\_\_\_

In order to be considered as an adopter you must:

- Be 21 years of age or older
- Have identification showing your present address
- Have the knowledge and consent of your landlord
- Be able and willing to provide a loving, safe and peaceful environment for this pet
- Be financially stable and willing to provide any necessary medical care

Pet ownership is a serious responsibility. The policy of this adoption group is to ensure that each person who adopts a pet is aware of the responsibility, and is capable and willing to accept that responsibility morally, physically and financially.

The following questionnaire has been designed to aid both you and the adoption group in deciding if you and/or your family are adequately prepared to assume the responsibility of pet ownership. Please be sure to ANSWER ALL QUESTIONS and feel free to add your own comments. If a question does not apply write N/A. PLEASE WRITE NEATLY!

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ What is the best way to contact you? \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_

Please list the name, age and relationship to yourself of each person currently living in your house (ex- Mary, spouse 35)

\_\_\_\_\_  
\_\_\_\_\_

Does anyone living in your home have any known allergies?  Yes  No

Your type of dwelling:  House  Condo  Apartment  Townhouse

Own  Rent Length of time at current residence? \_\_\_\_\_

Do you plan to move within the next 6-12 months?  Yes  No

If you rent are pets allowed?  Yes  No Pet Deposit?  Yes  No How much? \$ \_\_\_\_\_

**PLEASE REMEMBER TO COMPLETE ALL THREE PAGES.**

What is the name of the property owner/ agent? \_\_\_\_\_

Contact name and phone number: \_\_\_\_\_

Why do you want to adopt at this time?  Companion for you / family / another pet  Guard Dog

Gift (for whom) \_\_\_\_\_  Other: \_\_\_\_\_

Do all adults in your household know you plan to adopt?  Yes  No  Not Applicable

Have your children ever been around dogs and/or cats?  Yes  No  Not Applicable

Has your child ever been bitten by a dog?  Yes  No  Not Applicable

Do your current pets get along with other animals?  Yes  No  Not Applicable

Will this pet will be:  Indoor only  Mostly Indoor  Mostly Outdoor  Outdoor only

Where will your new pet sleep at night? \_\_\_\_\_

In what areas of the house will the dog/cat be allowed? \_\_\_\_\_

How many hours per day on average will the pet be alone?

0-2  2-4  4-6  6-8  8-10  10-12  over 12

Do you have a fenced yard?  Yes  No Type?  Wood  Chain Link  Split Rail Height \_\_\_\_\_

Do you have locks and/or latches on all your gates?  Yes  No

Do you have a:  Balcony  Pool  Pet Door  Unscreened Windows

Will you ever have your dog on tie out?  Yes  No Explain \_\_\_\_\_

Do you travel?  Yes  No

Where do your pets stay if and when you travel? \_\_\_\_\_

**PAST/PRESENT PET HISTORY**

Please list the name, type, age, gender, and if pet is spayed or neutered of all **current animals**. (Ex- Duke, yellow lab, 1 ½ years old, male neutered)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list age, type, gender and if the pet was spayed or neutered for all **animals you no longer have** and what happened to that animal. (Ex- Rosie, Kelpie X, spayed female, died of old age)

\_\_\_\_\_  
\_\_\_\_\_

Are your companion animals spayed/ neutered?  Yes  No

If not, why? \_\_\_\_\_

Are your animals current on all vaccinations?  Yes  No Date of last vaccinations: \_\_\_\_\_

If adopting a CAT, do you plan to declaw? \_\_\_\_\_

How often do you think a dog/cat should go to the vet for routine care? \_\_\_\_\_

Name of current or last veterinarian? Name/phone number? \_\_\_\_\_

May we contact this vet as a reference?  Yes  No

Which of the following situations would lead you to give away your pet?

- |   |   |
|---|---|
| <input type="checkbox"/> Moving to another state          | <input type="checkbox"/> Fleas or sheds too much              |
| <input type="checkbox"/> Having a baby                    | <input type="checkbox"/> Finished school/ moving back home    |
| <input type="checkbox"/> Ruins the furniture              | <input type="checkbox"/> Children will no longer care for dog |
| <input type="checkbox"/> Too expensive                    | <input type="checkbox"/> Allergies                            |
| <input type="checkbox"/> Getting a divorce or married     | <input type="checkbox"/> Found a new "no pet" rental          |
| <input type="checkbox"/> Grew too big                     | <input type="checkbox"/> Digging/ Chewing                     |
| <input type="checkbox"/> Would not give up for any reason | <input type="checkbox"/> Other _____                          |

What would you do with your pet if you could not keep it for the reasons stated above? \_\_\_\_\_

Have you ever surrendered a pet to a shelter/pound?  Yes  No If yes, why? \_\_\_\_\_

Do you have a relative who would adopt the pet if you, for any reason, become incapable of caring for him/her? If yes, please provide name, address, phone number and relation: \_\_\_\_\_

Would you allow an inspection of your home and/or yard? Yes \_\_\_\_\_ No \_\_\_\_\_

**PLEASE PROVIDE TWO PERSONAL REFERENCES:**

NAME: \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ EMAIL: \_\_\_\_\_

How did you hear about New Beginnings Animal Rescue? \_\_\_\_\_

Is there anything else you would like to tell us that you think would be important when considering your application? \_\_\_\_\_

**Please read and sign below:** Many factors determine which applicant will be matched with a particular pet. If you are not able to adopt a pet today, it does not mean that you are not considered a good pet owner or that your home is not acceptable. Our goal is to place all animals into homes that will best suit their individual needs. Please ask for clarification if you have any questions.

I have completed this application truthfully and fully understand the adoption process.

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

If we do not call or email you within 7 days of receiving your application it means that either:

1. The pet was adopted by a previous applicant.
2. We felt the situation presented on the application was not the right situation for that particular pet.

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS APPLICATION**

**PLEASE REMEMBER TO COMPLETE ALL THREE PAGES.**