Southern Hope Animal Rescue & Education 146 White Horse Drive, Shawboro NC 27973 252-232-8228 www.southernhopeanimalrescue.org southernhopeanimalrescue@yahoo.com

Adoption/ Foster Application

Name of Pet:	Breed:	Age:
Gender: Spayed/Neutered? Y	esNoMicrochip ID	
Your Name:	Telephone (h)	(c)
Address:	City	:
State: Zip:E-	mail:	
Housing: (circle) Rent or Own	Type: (circle) House or Mobile	e or Apartment
Landlord Name and Telephone:		
Do you plan to move in the next year	r? If yes, what wi	ll you do with this pet?
Reference Name and Telephone:		
Veterinary Reference:		
How many people live in your house	hold?	
Are there any children:	What age(s):	
Does anyone in the home have know	n animal allergies?	
Who will be responsible for the daily	and financial care of this pet?	
Have you ever turned a pet into a she	elter or rescue before?	If yes, for what reason?
Are you currently employed?	Where?	
Are you prepared for proper annual v pet ages?		
Please list the animals currently resid	ling in your home: species (dog	, cat, rabbit), sex, age, and where
kept:		
Are your pets spayed/ neutered?	If not, why?	
In most cases it will take 2 – 4 weeks	s for your pet to adjust to its nev	v home and routine. Is everyone in
the home willing to allow this time for	or your new pet?	
Are you prepared for a 10-15 year co	ommitment with your new pet?	

How would you handle behavioral issues that may arise in your pet(s)?

If at any time you are unable to keep your pet, are you aware that SHARE must regain custody of the pet?

Thank you for submitting an application to adopt one of our beloved pets. In order for this application to be reviewed you must show proof that you are at least 18 years old. We will also need expressed permission from the property owner, unless you are the property owner. A home visit and "meet and greet" with all family members and pets may be required before adoption, especially for dogs. And finally, SHARE reserves the right to refuse any adoption for any reason without explanation.

I, _____, certify that all the information provided is true and grant permission to Southern Hope Animal Rescue and Education to contact my landlord, veterinarian, reference, or local animal control to verify information. I understand that SHARE has the right to refuse any adoption for any reason.

Signature of applicant: _	Date:
SHARE Representative:	Date: