



Adoption Application

Name _____ Date _____

Address _____ City _____

State _____ Zip _____ Email _____ Cell Phone _____

What type(s) and number of animals you would like to adopt? _____

Have you ever adopted from The Chicken Rescue? Y N

If yes, what have you adopted and when _____

Please list your reasons for wishing to adopt a rescued animal _____

Have you adopted a rescue animal in the past? _____

If yes, what type and when? _____

How long have you been looking for this type of animal? _____ Is the pet going to be a gift? Y N

Are you at least 18 years of age? _____ Do you own or rent your current place of residence? _____

If you rent, we will need a copy of the lease and landlord's name and phone number:

How long have you been at your current address? _____ Will you be moving soon? Y N

If yes, please give your new address _____

Do you have children? Y N If yes, what are their ages? _____

Have your children been around pets before? Y N What type? _____

Does anyone in the household have allergies to animals? Y N What type? _____

List other animal you are caring for _____

Your current veterinarian: Name: _____

Address: _____ Phone: _____

Are your pets current on all inoculations? _____ Are your pets spayed/neutered? _____

By signing this form I understand that a representative from The Chicken Rescue will visit my home and that my application may be accepted or denied at their discretion. I also understand that the application process may be cancelled at any time at the discretion of any representative of The Chicken Rescue.

I affirm that the above information is accurate.

Signature