



PET ADOPTION APPLICATION

Qualifications for adoption

1. Must be 21 years of age with identification showing current address
2. Must have the knowledge and consent of all adults living in household
3. If leasing, must provide proof of lease allowing pets
4. If necessary, must be able to afford training and veterinary costs

Applicant Name _____

Address _____

City _____ State _____ Zip _____

Phone Number (Home) _____ Cell _____

Email: _____ Date of Birth __/__/____

Driver License Number _____ State _____

Name of Pet You Are Interested in Adopting _____

We appreciate you taking the time to answer all the questions below that are applicable:

Have You Ever?

1. Owned a pet before? Yes ___ No ___
2. Adopted from a shelter? Yes ___ No ___ Name of Shelter _____
3. Purchased from a breeder or pet store Yes ___ No ___
4. Have You Given an animal up, returned to shelter or re-homed Yes ___ No ___
If yes, please explain:

5. Is this pet for yourself Yes ___ No ___ A Gift: Yes ___ No ___

6. How many pets currently live in your home:

Dogs ___ Male ___ Female ___ Are they neutered / spayed Yes ___ No ___
Are they chipped Yes ___ No ___

Please list all ages: _____

7. Cats ___ Male ___ Female ___ Are they neutered / spayed Yes ___ No ___

Please list all ages: _____

8. Please provide the name and phone number of your current Veterinary Clinic

Veterinarian Clinic _____ Phone _____

Veterinarian Name _____ Phone _____

9. If not chipped, do you agree to chip your pet and provide a copy of registration

Yes ___ No ___

10. Do you agree to spay or neuter if necessary and provide proof

Yes ___ No ___

11. Do you have a fenced yard

Yes ___ No ___ Height of Fence 4ft___ 6ft___ 8ft___ other___ Wood___ Chain___

12. Will your pet be chained or tethered in your yard Yes ___ No ___

13. Are your current pets on medication Yes ___ No ___

Please list medications _____

14. How many dogs have you owned in the past 10 years _____

15. Disposition of pets Death ___ Lost ___ Sold ___ Given away ___ Other ___

16. Do any of your pets have behavior problems Yes ___ No ___

If Yes, Please Explain _____

17. Would you seek Help from a professional trainer if your adopted pet shows behavioral issues Yes ___ No ___

18. How many children live in your home under the age of 18 _____

19. Does anyone in your home have dog allergies Yes ___ No ___

20. Do you frequently travel Yes ___ No ___

21. How many hours a day will your pet be alone _____

22. Do you Own ___ Rent ___

23. If *renting* please provide proof of permission to have a pet

24. If *renting* is there a restriction on breed and size in your lease Yes ___ No ___

25. Are you prepared for and willing to provide annual expenses for yearly vaccinations and medical care, if necessary, for 10+ years'

26. Who will care for your pet in event of your death _____

Relationship _____ Phone Number _____

27. Do you agree to return or surrender this pet to K9 Global Rescue if for any reason you cannot provide for him/her and to immediately notify K9 Global Rescue in the event of the pet's loss or death.

Yes ___ No ___ Please Initial here: _____

28. Will you allow K9 Global Rescue or a representative of K9 Global Rescue a home visit

Yes ___ No ___ Please Initial here: _____

29. How did you hear about K9 Global Rescue

Facebook ___ Website ___ Friend ___ Other ___

Please be aware that we attempt to place our animals in the home best suited for them, therefore, if we feel the animal and applicant are not compatible, we reserve the right to deny any application.

We appreciate your understanding and your willingness to open your heart and home.

Applicant Signature _____ Date _____

Applicant Printed Name _____

Please provide a copy of your Driver license or Passport for Identification Confirmation.

For internal use only:

Approved _____ Declined _____

Reason for Decline _____

Date of Placement _____

K9 Global Rescue Representative Conducting Review _____