

HOOF, WOOF, & MEOW ANIMAL RESCUE

ADOPTION APPLICATION

Pet you are interested in adopting: _____

Applicant's Last Name: _____ First Name: _____ Age: _____

Spouse/Significant Other: _____ Age: _____

Phone #1: _____ Phone #2: _____

Best time to call: _____

E-mail: _____

Street Address: _____

City/State/Zip: _____

Do you own or rent? _____ If renting, what restrictions do you have on pets?
(size/breed/number, ect.) _____

Landlord name/contact info: _____

Current Employer/Phone: _____

Spouse/Significant Other's Employer/Phone: _____

Name/Age/Sex of other members of the household:

Tell us about yourself and family, interests, activities, hobbies:

Does anyone in the home have pet allergies? If yes, please explain: _____

List other pets in the home:

Name of pet #1: _____ spay/neutered: _____ Age: _____ Breed: _____ M/F

Name of per #2: _____ spay/neutered: _____ Age: _____ Breed: _____ M/F

Name of pet #3: _____ spay/neutered: _____ Age: _____ Breed: _____ M/F

Name of pet #4: _____ spay/neutered: _____ Age: _____ Breed: _____ M/F

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Anyone else your new pet would interact with often (frequent visitors, neighbors, animals that don't live in your home): _____

What pets have you owned in the last 5 years that are not currently living with you and where are they now? If deceased, please list age at death and cause: _____

Reasons for wanting this pet: _____

Who will be the primary caregiver? _____

When you are home, where will your pet be? In the yard ___ In the home ___ Other ___

Please explain: _____

When you are away or at work, where will your pet be? In the yard ___ In the home ___ In a crate ___ Other ___

Please explain: _____

On average, how many hours will your pet spend without human companionship per day? _____

How will you keep your pet contained on your property when outside? On a leash ___ A tie out ___

A fence (ht/type) _____ Fenced run/pen(size) _____ Invisible fence ___ Other _____

Please explain: _____

What exercise/activities will you do with your pet (be specific)? _____

Do you plan on enrolling your pet in obedience or other training classes? Where? _____

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What type of food (brand) do you plan on feeding? _____

What do you anticipate spending on vet care per year? _____

What would you do if your pet needed a costly medical procedure?

What types of training methods would you use for problems such as barking, chewing, jumping, "accidents", or running away (please be specific)

What type(s) of collars do plan to use(buckle, harness, martingale, pinch, choke, shock):

What reasons would cause you to return your pet to this organization?

Aggression towards people/animals ___ shedding ___ time constraints ___ barking ___ house-breaking mistakes ___ having a baby ___ moving ___ financial changes ___ chewing ___ animal's medical expenses ___ jumping on people/furniture ___ running away ___

Have you ever adopted a pet before? If so which pet and from who/when?

Have you ever brought an animal to a shelter or animal control facility?

Why? _____

Any additional information you would like to add?

Veterinarian: _____ Phone Number: _____

Address: _____

City/State/Zip: _____

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Any additional vet information: _____

Personal References:

Name: _____

Phone Number: _____ Email: _____

Relationship to you: _____

Name: _____

Phone Number: _____ Email: _____

Relationship to you: _____

By signing below, the applicant is acknowledging that the above information is true, complete, and accurate. Any omission of information, or any false/misleading information may result in the rejection of the application and/or may be considered justification for the removal of a pet adopted to this applicant upon discovery at a later date.

Applicant's name (Acts as a legal signature) and date: _____

Please send your completed application to:

E-mail to: info@hoofwoofmeow.org

Or fax to (847) 836-9738

Once we receive your application, we will contact you for an interview and to set up a home visit.

Thank you for your interest in a Hoof Woof and Meow rescue animal!
