

ANIMAL WELFARE LEAGUE ADOPTION APPLICATION

FOR OFFICE USE ONLY Interview by: _____

Approved Denied

Restrictions/Comments: _____

Date _____

Have you adopted from us before? _____ How Long Ago? _____

If so, where is the pet now? _____

Last name: _____ First name: _____

Address: _____ Apt/Lot # _____ City: _____ State: _____ Zip: _____

Home phone: _____ Land CELL
Alternate phone: _____ WORK

Driver's License Or State Identification Card # _____

Email Address: _____

Do you: Own Rent Live with parents Parent/Landlord Name and # _____

Is your residence a: House Apartment Condo/townhouse Mobile home Dormitory

How long have you lived at this address? _____ How many adults live there?(18 years and older) _____

How many children are full time? _____ Part time? _____ Ages: _____

Your reason for getting an animal? _____

Who will be the primary person responsible for the new pet? _____

Do you: Work full time Work part time Attend school Retired Other: _____

Does your spouse work: Work full time Work part time Attend school Retired Other: _____

How many hours a day will your pet be home alone? _____

Where will you keep your pet when nobody is home? _____

Where will your pet be during the day? _____ At night? _____

Do you have a fenced in backyard? Yes No

If so, what height and type of fence? _____

Do you plan on letting the pet outside alone? Yes No If so, how long? _____

Pets need time to adjust to a new home. How much time will you give your new pet to adjust? _____

What would be unacceptable behavior, which would cause you to give up your pet? _____

Please complete other side



PLEASE LIST ALL OF THE ANIMALS YOU HAVE HAD OVER THE LAST FIVE(5) YEARS:

Type/Breed	Age	Sex	Spayed/ Neutered	Kept where	Still Own?	If not, what happened to pet?
			YES NO		YES NO	
			YES NO		YES NO	
			YES NO		YES NO	
			YES NO		YES NO	
			YES NO		YES NO	

What are your beliefs about spay/neutering? _____

Have you ever had an animal die at an early age, or die due to an accident? Yes No

If so, what happened to it? _____

Why do you want to adopt from the Animal Welfare League? _____

COMPLETE IF LOOKING TO ADOPT A DOG:

Do you plan on allowing the dog off the leash? Yes No

If so, where? _____

Are you willing to crate train the dog if necessary? Yes No

How will you obedience-train you dog? _____

COMPLETE IF LOOKING TO ADOPT A CAT:

What will you do if your new cat starts scratching furniture? _____

How often will you let your cat be outside? _____

What will you do if your cat stops using the litter box? _____

I hereby acknowledge and recognize the possible risk in viewing shelter animals, and that it can lead to serious injury, or even death. I hereby understand and assume the responsibility of any and all liability and risk visiting the Animal Welfare League. I hereby waive and release the Animal Welfare League, its agents and representatives, from any and all claims which may accrue to me, my heirs, guardians, administrators, executors, or assignees, including my attorney's fees and court (collecting cost "claims") arising out of, or in the connection with visiting the Animal Welfare League or viewing an animal for adoption. I also grant permission to the Animal Welfare League and its authorized agents to use my name, image, and any other record of my participation.

***Adoptions are approved on an individual basis,
in accordance with the animals needs***

Signature _____ Date _____