



Internal Use Only:

Animal's Name: _____

Date: _____

Approved

Declined

Animal Adoption Application Form

Contact Information

Full Name: _____

Occupation: _____

Address: _____

How long at this address: _____

Contact Number: _____

Alternative Number: _____

Best Time to Call: _____

Email Address: _____

Family & Housing:

How many adults are there in your family (their relationship to you)?

How many children (ages)? _____

What kind of family home do you live in: single family, town house, apartment etc.? _____

Please describe your household: _____Active _____Noisy _____Quiet _____Average

If you rent, please provide the landlord's name and number:

(By providing this information you are allowing New Hope Animal Rescue to contact your landlord- please inform them of this call so they will speak with us)



Does anyone in the family have a known allergy to dogs/cats? _____

Is everyone in agreement with the decision to adopt a dog/cat? _____

Do you have time to provide adequate love and attention? _____

Other Pets

What other pets do you have (specify type and number)?

Are these pets up to date on vaccines? ___Yes___No

Are these pets spayed/neutered? ___Yes___No If no...why? _____

Have you every surrendered a pet? ___Yes___No

If yes, why? _____

Veterinarian

Do you have a regular veterinarian? Yes No

Veterinarian's name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____

(Providing New Hope Animal Rescue with this information you are allowing us to call your vet.)



About the dog/cat you wish to adopt

What is your ideal dog/cat and why? _____

Desired Age: _____ Desired size: _____

Willing to adopt special needs animal i.e. meds, extra training Yes ___ No ___

Where will the dog/cat spend the day? (please describe) _____

Where will the dog/cat spend the night? (please describe) _____

Number of hours (average) dog/cat will spend alone? _____

Who will have the primary responsibility for this dog's/cat's daily care? _____

Who will have financial responsibility for this dog/cat? _____

Do you agree to provide regular health care by a licensed Veterinarian? ___ Yes ___ No

Do you agree to keep the dog/cat as an indoor pet? ___ Yes ___ No

When the dog/cat goes out, how do you plane to supervise it? Fenced yard?

Do you agree to contact New Hope Animal Rescue if you can no longer keep this dog/cat?
___ Yes ___ No

Are you willing to let a representative of New Hope Animal Rescue visit your home by
appointment? ___ Yes ___ No

How did you hear about New Hope Animal Rescue? _____

Would you be interested in fostering? Yes ___ No

Would you like to learn more? ___ Yes ___ No



Personal References

Please list someone who is familiar with both you and your pets.

Name: _____

Address: _____

Phone: _____

Relationship: _____

Name: _____

Address: _____

Phone: _____

Relationship: _____

All the information I have given is true and complete. This dog/cat will reside in my home as a pet; I will provide it with quality dog/cat food, plenty of fresh water, indoor shelter, affection, annual physical examination and vaccinations under the supervision of a licensed Veterinarian.

Signature

Date

New Hope Animal Rescue
Authorized Signature

Date