

Coastal Animal Rescue

Adoption Application

In order to be considered for an adoption today, you must: Be 21 years of age

Have the knowledge and consent of all adults living in your household * Have a valid ID with current address * Have landlord's name and telephone number (or lease) *

Understand that the Adoption Committee must approve your application (based on the policies set by the board of directors.)

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ WorkPhone: _____ Age: _____

Email Address: _____

1. Name of pet you are applying for? _____

3. This pet will be without human companionship for about _____ hours per day, _____ days per week.

4. Where will your pet be kept during the day? ("x" all that apply)
INDOORS ___ OUTDOORS ___ DOG PEN ___ CRATE ___ BASEMENT ___
GARAGE ___ OTHER ___

During the night? INDOORS ___ OUTDOORS ___ DOG
PEN ___ CRATE ___ BASEMENT ___ GARAGE ___ OTHER ___

6. Do you plan to let your cat outdoors? YES ___ NO ___

7. Where do you live? HOUSE ___ APARTMENT ___ CONDO ___ TRAILER ___
OTHER _____

I RENT ___ I OWN ___ WITH MY PARENTS ___

Landlord's name: _____ Phone: _____

8. Does your landlord allow pets? YES ___ NO ___ DON'T KNOW ___
Deposit required? Yes ___ No ___

9. Do you have a fenced yard? YES ___ NO ___
If fenced, please describe the height and type: _____

10. Please provide the following information about your household:
Number of adults: _____ Number of children: _____ Ages: _____

11. Is anyone in your family allergic to animals? YES ___ NO ___
12. What will you do with your pets if you move in the future: _____

13. How much do you anticipate spending yearly to feed, vaccinate, license and provide medical care for your pet? _____
14. Would you be willing to allow a representative from the shelter visit your home before the adoption is completed? _____
15. Have you adopted an animal from us before? _____

16. What type(s) of pets do you own or have owned in the last 10 years?

Name	Type/Breed	Kept Where	Age	Neutered	Sex	Still Own?
				YES NO		YES NO
				YES NO		YES NO
				YES NO		YES NO
				YES NO		YES NO

17. Who is (was) your veterinarian for the above animals?
Name: _____ Phone: _____
18. Do you realize that a dog or cat may live 15 or more years? YES ___ NO ___
19. It may take your new pet two or more weeks to adjust to its new home, especially if other pets are involved. Are you prepared to allow this much time? YES ___ NO ___
20. How do you plan to house train your dog? _____

I certify that the information I have given is true and that I recognize that any misrepresentation of the facts may result in my losing privilege of adopting a pet. I authorize investigation of all statements on this application. I understand that this application is property of Coastal Animal Rescue.

NAME: _____ Date: _____