HORN CREEK

ANIMAL RESCUE

ADOPTION APPLICATION

TODAY'S DATE:	ANIMAL'S NAME:

PLEASE FILL THE FORM OUT COMPLETELY.
INCOMPLETE FORMS WILL NOT BE ACCEPTED

CONTACT INFORMATION

NAME:	ADDRESS:	CITY/STATE/ZIP:

PHONE NUMBER: ( )	BEST TIME TO CALL:	E-MAIL ADDRESS:
SPOUSE NAME:	PHONE NUMBER: ( )	E-MAIL ADDRESS:

HOUSING INFORMATION

TYPE OF HOME: (HOUSE, APARTMENT, ETC.)	☐ RENT ☐ OWN	LANDLORD NAME AND PHONE NUMBER: (IF APPLICABLE)

NUMBER OF CHILDREN IN THE HOME:	AGES OF CHILDREN:	DO YOU CURRENTLY HAVE ANY OTHER PETS? ☐ YES ☐ NO	

PLEASE LIST PETS FROM THE LAST FIVE(5) YEARS:

1. TYPE, BREED, GENDER, AGE, LENTH OF TIME OWNED:
2. TYPE, BREED, GENDER, AGE, LENTH OF TIME OWNED:
3. TYPE, BREED, GENDER, AGE, LENTH OF TIME OWNED:

ARE THEY STILL IN YOUR CARE? ☐ YES ☐ NO IF NO, WHY?

QUESTIONAIRE

WHY DO YOU WANT TO ADOPT A CAT OR DOG?

DO YOU AGREE TO A HOME VISIT? ☐ YES ☐ NO	DO YOU HAVE A VETERINARIAN? ☐ YES ☐ NO	VETERINARIAN NAME AND PHONE NUMBER: ( )

DO YOU HAVE A FENCED YARD? ☐ YES ☐ NO	HOW LONG WILL THE PET BE LEFT ALONE DAILY?	WHAT TYPE OF TRAINING WILL YOU USE?

WHERE WILL YOUR NEW PET STAY? ☐ INDOOR ☐ OUTDOOR ☐ BOTH	HOW WILL YOU CONFINE THE PET TO YOUR PROPERTY?

WHAT IS YOUR EXPECTED MONTHLY EXPENSE FOR YOUR NEW PET?

FOR CATS: WILL YOU ALLOW THEM OUTDOORS? ☐ YES ☐ NO ☐ OTHER	**FOR CATS:** HOW DO YOU FEEL ABOUT DECLAWING?

I hereby acknowledge and agree that all information entered is accurate and true to the best of my ability and will be used to determine the eligibility to adopt an animal.

SIGNATURE _____ DATE _____

(OFFICE USE ONLY)

HOME VISIT DATE: _____ HOME VISIT COMPLETED BY: _____

NOTES