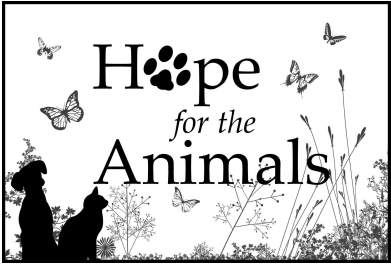


OFFICE USE ONLY: Date Received: _____ VET VERIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO	Notes: Adoption Fee Received: \$ _____	Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO Reason / Action: _____ Date of Adoption: _____
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...for a lifetime of love & care

P.O. Box 877
Morrisville, PA 19067
(215) 945-2160 TEL
(215) 945-2161 FAX
www.HopefortheAnimals.org

ADOPTION APPLICATION

Completion of this application does not guarantee adoption by HFA. Please print clearly the answers to all questions on both sides of this form and be sure to answer the specific questions relating to the type of pet you would like to adopt – dog or cat. You must sign the form.

Thank you for your interest in adopting a pet from Hope For The Animals. The following information is requested so that we can assist you in the selection of a new pet. This form and consultation with our adoption representative are designed to help us determine if the adoption is in the animal's best interest and to assist you in finding an animal most compatible with your lifestyle.

IF WE DO NOT CALL WITHIN 5 DAYS, IT MEANS THE PET WAS ADOPTED, OR YOUR APPLICATION WAS NOT APPROVED DUE TO INADEQUATE REFERENCES OR CONFLICT WITH OUR POLICIES.

PET OF INTEREST

DOG CAT Name: _____ Description: _____

Why this pet? _____

APPLICANT

Full Name: _____ Phone (Day): _____

Address: _____ Phone (Eve): _____

City: _____ State: _____ Zip: _____

Email Address: _____

Are you 21 years or older? Yes No (if no, who will sign adoption agreement for you): _____

Occupation: _____ Number of Adults in home: _____ Number of Children in home: _____

Ages of Children, if any: _____

QUESTIONS

Would this be your first pet? Yes No Explain: _____

Which & how many pets do you still have? (type, age, sex, breed): _____

How will you introduce new pet to current pet(s)?: _____

What brand of food do (did) you feed your pet?: _____

What happened to the pets you no longer have?: (if deceased, state cause and circumstance) _____

Will you spay/neuter your pet if not already done prior to adoption?: Yes No Maybe

Why do you want this animal? (check all that apply):

companion companion for other pet house pet personal protection hunting

barncat/mouser other _____

CONTINUED ON REVERSE

Have you ever applied to adopt a dog or cat from HFA before?: Yes No If yes, when: _____

Have you ever asked HFA to take an animal for you?: Yes No If yes, explain: _____

How will your new pet spend its days? (check all that apply):

Indoors Outdoors Crated Tied Outside Basement Garage Porch Yard Cage Barn

Locked in Room In a Doghouse In a Person's Bed

What type of home do you live in? House Apartment Condo Mobile Home Other _____

Do you own or rent?: Own Rent Live with parents

Do you have written permission from your landlord to have pets?: Yes No

May we contact your landlord/parents?: Yes No Name: _____ Phone: _____

Does any member of your household have an allergy to animals?: Yes No Don't Know

If you go away, who will care for your pet?: _____

Is someone home during the day?: Yes No Explain: _____

Are you willing to take responsibility for this pet until he/she dies due to old age/illness (sometimes 10-20 years) even if your family situation changes or if you have to move?: Yes No Maybe

FOR CATS: Will you have the cat declawed?: Yes No Maybe

What is your opinion on declawing cats?: _____

Are your current or previous cats declawed?: _____

Where will you keep the cat?: Inside Outside Both Explain: _____

FOR DOGS: Do you have a completely fenced-in (back) yard?: Yes No Height of Fence: _____

Type of Fence?: _____ Does the fence have a gate?: Yes No Explain _____

How will you exercise the dog?: _____

If you drive a pick-up truck, would you allow the dog to ride in the back?: Yes No Don't have a truck

VET REFERENCE

Veterinarian's Name: _____ Phone: _____

Location of Vet: _____ Pets Treated There: _____

Name Account is under at Vet: _____

(Note: By providing the above requested Vet information, you are authorizing HFA to contact your vet to get specific info about your account, such as whether your animals are up to date on shots, sterilization, heartworm prevention, etc.)

Please tell us if there is a reason why your pet is not spayed/neutered or up to date with shots: _____

PERSONAL REFERENCES (optional if you have a vet reference)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

AGREEMENT

I agree to allow HFA to visit my home by appointment as part of the application process. I give my veterinarian permission to disclose any information requested. If I adopt a pet, I will spend the time and money necessary to maintain its health and well-being. I will spay/neuter the pet if it has not already been done prior to adoption. I attest that all information provided in this application is true and correct. If any information changes, I will advise HFA promptly.

X _____ Date: _____
Signature