## SOS Animal Rescue Adoption Application

Page 1

To ensure the best possible placement of our rescued animals, please complete the following questions. Please be as thorough as possible. We reserve the right to refuse adoption to any applicant we feel is not in the best interest of the animal. Any false statements on an application will automatically result in denial of approval.

Name of animal	you are interested in:			OR	Pre-approv	al fo	or later date.
Your name:			Spouse: _				
Address:			City				
State	_ Zip	Driver's Lice	nse #				
Phone	Email		Age(s)				
Best time(s) to c	contact	Pref	er: (please circle)	Call	Text Em	ail	
Occupation(s) _			Are you a college student? Yes No				
Household Inf	ormation:						
Do you live in a	a: house apartment n	nobile home cor	ndo (circle)				
Do you OWN	RENT If you	u RENT, are pets p	ermitted?	_ Any bre	ed restriction	ns?_	
Name and Phon	e number of landlord:						
Any children in t	the household? Yes	No Ages?					
Activity level of	your household: Very bus	y Busy	Fairly quiet	_ Very ca	Im and quiet		
Does anyone in	the household suffer from	allergies? Yes	No				
Would you desc	ribe them as mild or severe	?	Currently on	medicati	on? Yes	I	No
Are you current	ly pregnant? Wi	ll a baby affect you	ur time to care for	a pet?			
Pet History:							
Have you ever o	wned a pet before? Yes	No Wh	at type(s)?				
<u>Please list all p</u>	ets still living in the hou	sehold. Please li	<u>st breed of dogs.</u>				
Dog	Cat	Age	Breed		Fixed?	Y	N
Dog	Cat	Age	Breed		Fixed?	Y	N
Dog	Cat	Age	Breed		Fixed?	Y	N
Dog	Cat	Age	Breed		Fixed?	Y	Ν
Are all pets curr	ent on their vaccinations? _	If n	ot, why?				
Name and Phon	e # of VETERINARIAN						
* Do we have pe	ermission to contact your ve	et to verify shot rec	cords? YesI	No			
You may need t	o call your vet's office and	authorize them t	<u>o provide this info</u>	rmation.			
If you have cur	rent records please email t	o: SOSrescue156	44@gmail.com				
Who's name are	e the pet's records under? _						
Do any of your o	cats go outside? Yes	No	Are/were your	cats decl	awed? Yes		_ No
Did any of your	previous pets have any spe	cial health issues c	or illnesses? Yes	No	Explain:		

## General:

1. What do you feel are the most important responsibilities in owning a pet?

2. For whom are you adopting this animal? Will this animal be a gift?
3. Are ALL members of the family aware of and on board with adding a new pet?
4. Which family member(s) will have the bulk of the responsibility of caring for this animal?
5. Where will this pet be kept? Indoors Outdoors Both
6. About how many hours a day will the pet be alone? When you are not at home, will the pet be confined to a
small area or crated? Yes No
7. Are you planning on having this cat declawed? YesNo Unsure Only if they ruin something
8. Are you familiar with how to trim a cat's toenails? Yes No
9. Are you prepared to put in the time to introduce your new pet properly to existing pets? (if applicable).
An SOS representative will clearly explain the steps to you- it may take a few weeks for all animals to adjust.
10. Are you able and prepared to care for this pet finacially, and provide all neccessary veterinary care it may need?
11. How much do you think it may cost per month to care for this pet?
12. In the event of an emergency, does someone have access to your home to care for pets?
13. Do you have a back up plan or another person to take responsibility and care for this pet in the event that you can not
longer do so? (death, loss of job, housing situation, etc.)
14. Do you permit SOS to do a home visit-by appointment- if requested?
List one Personal reference (NOT RELATED) Name:
Phone #
I certify that the information given on this application is true and correct. I agree to the above terms. Should I be
approved for adoption of this pet, I understand that failure to comply with any of these terms will result in the surrender

of the adopted animal. Some information on this application may be shared between rescue groups. Adoption fee is considered a donation and is non-refundable. SOS reserves the right to choose best applicant for each individual animal, which will not always be the first application.

Signature of applicant \_\_\_\_\_\_Date \_\_\_\_\_Date \_\_\_\_\_Date \_\_\_\_\_\_Date \_\_\_\_\_\_\_Date \_\_\_\_\_\_Date \_\_\_\_\_\_\_Date \_\_\_\_\_\_Date \_\_\_\_\_\_\_Date \_\_\_\_\_\_Date \_\_\_\_\_\_Date \_\_\_\_\_\_Date \_\_\_\_\_\_Date \_\_\_\_\_\_\_Date \_\_\_\_\_\_Date \_\_\_\_\_Date \_\_\_\_\_\_Date \_\_\_\_\_Date \_\_\_\_\_\_Date \_\_\_\_\_\_Date \_\_\_\_\_\_Date \_\_\_\_\_\_Date \_\_\_\_\_\_Date

For puppy/dog applications, please complete page 3.