

SOS Animal Rescue Adoption Application

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-approval for later date.

Your name: _____ Spouse: _____

Address: _____ City _____

State _____ Zip _____ Driver's License # _____

Phone _____ Email _____ Age(s) _____

Best time(s) to contact _____ Prefer: (please circle) Call Text Email

Occupation(s) _____ Are you a college student? Yes _____ No _____

Household Information:

Do you live in a : house apartment mobile home condo (circle)

Do you OWN _____ RENT _____ If you RENT, are pets permitted? _____ Any breed restrictions? _____

Name and Phone number of landlord: _____

Any children in the household? Yes _____ No _____ Ages? _____

Activity level of your household: Very busy _____ Busy _____ Fairly quiet _____ Very calm and quiet _____

Does anyone in the household suffer from allergies? Yes _____ No _____

Would you describe them as mild or severe? _____ Currently on medication? Yes _____ No _____

Are you currently pregnant? _____ Will a baby affect your time to care for a pet? _____

Pet History:

Have you ever owned a pet before? Yes _____ No _____ What type(s)? _____

Please list all pets still living in the household. Please list breed of dogs.

Dog _____ Cat _____ Age _____ Breed _____ Fixed? Y N

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Are all pets current on their vaccinations? _____ If not, why? _____

Name and Phone # of **VETERINARIAN** _____

* Do we have permission to contact your vet to verify shot records? Yes _____ No _____

You may need to call your vet's office and authorize them to provide this information.

If you have current records please email to : SOSrescue15644@gmail.com

Who's name are the pet's records under? _____

Do any of your cats go outside? Yes _____ No _____ Are/were your cats declawed? Yes _____ No _____

Did any of your previous pets have any special health issues or illnesses? Yes _____ No _____ Explain:

- 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? Yes _____ No _____ 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 financially, and provide all necessary 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 no 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 _____

For puppy/dog applications, please complete page 3.

Name of puppy/dog _____ Breed _____ M F

Have you owned a dog before? _____ What breed(s)? _____

What training method are you planning on using?

Puppy group classes Personal trainer Books Self (circle all that apply) Other? _____

Are you planning on crate training? _____

Are you planning on ear/tail docking? (puppies) _____

What will you do if your puppy/dog destroys flooring/ furniture/ etc?

How will you correct the puppy if it nips at you or your children?

Do you have time to walk your puppy/ dog at least once a day?

How many hours do you work? _____ Do you have a friend/neighbor/ dog sitter to let puppy out at least every 4 hours?

How active is your family?

Do you have opportunities to take your dog/puppy out in public for socialization? This is very important for a well balanced and behaved dog.

Is your yard fenced? How tall? _____

Electric fence? Y N Cable dog run? Y N

IF you rent or have an HOA, are there breed restrictions? Please list a phone number for LANDLORD or HOA manager

Are ALL members of the family on board and willing to put in the time and work to make this puppy/dog part of the family for years to come?

Print _____

Sign _____ Date _____