



APPLICATION FOR PET ADOPTION



Pennsylvania

WE RESCUE THEM, THEY RESCUE US!

APPLICANT INFORMATION

NAME OF PET YOU WANT TO ADOPT _____

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE NUMBER _____ CELL _____

EMAIL _____ DATE OF BIRTH _____

HAVE YOU ADOPTED A PET FROM A RESCUE BEFORE YES NO

IF YES, WHAT WAS THE PET'S NAME AND FROM WHICH RESCUE _____

PLEASE PROVIDE A PERSONAL REFERENCE (NOT RELATED)

NAME _____ RELATIONSHIP _____

PHONE NUMBER _____ BEST TIME TO CONTACT _____

EMPLOYER INFORMATION

ARE YOU CURRENTLY EMPLOYED UNEMPLOYED RETIRED STUDENT

IF YOU ARE EMPLOYED, WHERE DO YOU WORK? _____

HOW LONG HAVE YOU BEEN EMPLOYED THERE? _____

IF YOU ARE UNEMPLOYED, HOW WILL YOU PAY FOR THE PET? _____

IF YOU ARE A STUDENT, WHERE ARE YOU ENROLLED? _____

WHEN WILL YOU GRADUATE? _____

WHAT WILL HAPPEN TO THE PET WHEN YOU GRADUATE? _____

CO-APPLICANT INFORMATION

NAME _____ RELATIONSHIP _____

HOME PHONE NUMBER _____ CELL _____

EMAIL _____ DATE OF BIRTH _____

ARE YOU CURRENTLY EMPLOYED UNEMPLOYED RETIRED STUDENT

EMPLOYER/SCHOOL _____

HOUSEHOLD INFORMATION

TYPE OF RESIDENCE HOUSE APARTMENT TOWNHOME CONDO MOBILE HOME FARM

TYPE OF AREA CITY/SUBURBAN COUNTRY/RURAL BEACH/LAKEFRONT

TYPE OF STREET VERY BUSY ROAD MODERATE TRAFFIC SLIGHT TRAFFIC

WILL YOU BE MOVING WITHIN THE NEXT 6 MONTHS? IF YES, WHERE _____

DO YOU OWN RENT IF YOU RENT, ARE ANIMALS ACCEPTED YES NO

WHAT ARE THE PET SIZE RESTRICTIONS IN THE RENTAL? _____

LANDLORD/ COMPLEX MANAGER NAME _____

LANDLORD/COMPLEX MANAGER PHONE NUMBER _____

NUMBER OF PEOPLE IN HOUSEHOLD _____ AGES OF CHILDREN _____

IS ANYONE IN THE HOUSE ALLERGIC TO ANIMALS? YES NO

IF YES, PLEASE EXPLAIN _____

CARING FOR YOUR NEW PET

WHY DO YOU WANT TO RESCUE A PET? FOR EXAMPLE FAMILY COMPANION, SERVICE DOG, PROTECTION, ETC.

WHERE WILL YOUR PET LIVE? INSIDE OUTSIDE (PLEASE EXPLAIN) _____

WHERE WILL YOUR PET SLEEP? _____

DO YOU HAVE A YARD, IF SO HOW BIG IS IT _____

IS YOUR YARD FENCED IN, IF SO WHAT TYPE OF FENCE? _____

WILL YOUR PET BE ALLOWED TO RUN OFF LEASH, IF SO WHERE? _____

HOW MANY HOURS WILL YOUR PET BE ALONE? _____

DO YOU HAVE A PET DOOR? YES NO

WHERE WILL THE PET STAY WHEN LEFT ALONE? _____

DESCRIBE THE ACTIVITY LEVEL IN YOUR HOUSE, FOR EXAMPLE BUSY WITH CHILDREN OR QUIET WITH FEW GUESTS

LIST 4 CHARACTERISTICS THAT ARE SPECIFIC FOR THE PET YOU ARE APPLYING FOR
PLEASE AVOID GENERIC TRAITS SUCH AS "CUTE, PLAYFUL, FRIENDLY, ETC.

IN THE ABSENCE OF THE PRIMARY CAREGIVER, WHO WILL CARE FOR THE PET? _____

WHAT VET CLINIC DO YOU USE, PLEASE PROVIDE PHONE NUMBER _____

WHAT BRAND OF PET FOOD WILL YOU BE USING? _____

WILL YOU BE CONSIDERING OBEDIENCE TRAINING? _____

WHAT ARE YOUR ANTICIPATED COSTS PER YEAR FOR THE PET
INCLUDING VETTING, GROOMING, FOOD, TOYS, ETC. _____

IF THE PET HAS DIFFICULTY ADJUSTING TO THE NEW LIVING SITUATION, HOW WILL YOU HANDLE IT, PLEASE EXPLAIN

ARE YOU WILLING TO TAKE RESPONSIBILITY OF THE PET IF HE/SHE ACQUIRES ANY ILLNESS
NEEDS SURGERY OR IS DIAGNOSED WITH ANY OTHER HEALTH ISSUES, FOR EXAMPLE HEART WORM

WILL YOUR PET BE ON HEARTWORM PREVENTION, IF SO WHAT KIND _____

WILL YOUR PET BE ON FLEA AND TICK PREVENTION, IF SO WHAT KIND _____

HAVE YOU EVER HAD TO RE-HOME A PET OR PLACE A PET IN A SHELTER, IF SO PLEASE EXPLAIN

UNDER WHAT CIRCUMSTANCES WOULD YOU RETURN THE PET?

NEW JOB DIVORCE NEW BABY ALLERGIES MOVING
PET HEALTH ISSUES BEHAVIORAL ISSUES TOO TIME CONSUMING
HOUSEBREAKING ISSUES OTHER _____

PAST PET INFORMATION

HAVE YOU OWNED A PET(S) IN THE LAST 7 YEARS YES NO
IF SO, PLEASE COMPLETE THE FOLLOWING INFORMATION

NAME & AGE	BREED	SPAYED/NEUTERED	WHERE IS THE PET NOW?

ARE YOU APPLYING TO ANY OTHER RESCUE ORGANZIATIONS, IF SO WHICH ONE(S)?

Due to North Carolina Law, Caring Hearts for Canines is required to have a copy of a state ID card, or the the adotper's drivers license number. It can be an out of state number or ID. Please email us the ID card if there is no license number.

State Drivers License Number: _____

PLEASE ALLOW UP TO ONE WEEK TO PROCESS YOUR APPLICATION. WE WILL CONTACT YOU WITH ANY COMMENTS, QUESTIONS OR CONCERNS

PLEASE READ AND INITIAL UNDER EACH POLICY. WE STRICTLY ENFORCE OUR POLICIES AND WILL FOLLOW UP.

IF AT ANYTIME AFTER I COMPLETE THIS ADOPTION, I DETERMINE THAT I NO LONGER WANT OR AM ABLE TO KEEP THE PET I AM APPLYING FOR, THEN I AGREE TO IMMEDIATELY NOTIFY AND MAKE ARRANGEMENTS TO RETURN THE PET TO CARING HEARTS FOR CANINES.

INITIAL: _____

I hereby agree that this pet shall wear a collar or harness with identification tags at all times. I hereby agree to spay or neuter said pet at my own expense if, at the time of adoption, the pet has not been spayed or neutered. All puppies or kittens adopted from Caring Hearts are required to be neutered by their six month birthday. When proof of that is provided, your spay/neuter deposit will be refunded.

INITIAL: _____

I hereby agree to pay an adoption fee to Caring Hearts for Canines to help offset expenses associated with rescuing the animal. I understand that this payment is not a tax deductible contribution and is non-refundable after a trial period of 14 days.

INITIAL: _____

APPLICANT SIGNATURE

DATE

EMAIL: Pkvlady@yahoo.com

WWW.CARINGHEARTSFORCANINES.COM

THANK YOU FOR APPLYING TO RESCUE A PET!

CARING HEARTS IS A 501C3, ALL DONATIONS ARE TAX DEDUCIBLE