



SAVE, A Friend to Homeless Animals

Pet Adoption Application

Our goal is to place our animals in permanent, loving homes. We pride ourselves on matching animals to adoptive families based on mutual suitability. Answering the questions on this application will help us assist in finding you the right pet for your family.

Date: _____ Animal to be adopted: Cat Dog Animal's Name: _____

Your name: _____ E-Mail Address: _____

Street: _____ Home Phone: _____

City, State, Zip: _____ Work Phone: _____

Are you over the age of 21? Yes No Male Female Cell Phone: _____

Do you: Work- Occupation: _____ Attend School: _____

Please list all family members living at this address
Spouse / Partner / Roommate (circle one)

Children (Please give names and ages)

Why would you like to adopt a pet from us?

- Companion A Gift Companion for other pet For Children
 Watch Dog/Protection Other _____

Adoption requirements:

- I am willing to make a 10-15 year commitment to my new pet. Yes No
I will take my new pet for annual veterinarian visits & vaccinations. Yes No

For approximately how many hours will your pet be alone each day? _____ Hours _____ Days a week
(Without human companionship)

Where will your pet stay during the day? Inside (house) Inside (garage/porch) Outside Both
Where will your pet stay at night? Inside (house) Inside (garage/porch) Outside Both

Who will be responsible for the care (feeding, grooming, exercise and training) of your new pet?

- Adults Children Pet Sitter Other: _____

Please check all that apply to your family's lifestyle:

- Very Active/On the go Quiet / Relaxed Noisy / A lot of frequent visitors
 Travel Frequently Entertain Frequently Kids have friends over frequently

What arrangements will you make for your pet while you are traveling? _____

Your living arrangements:

Do you: Rent Own Live with parents

Do you live in: House Condo/Townhouse Apartment Dorm

If you rent, we must confirm that your landlord permits pets. Please provide their contact information.

Landlord's Name: _____ Phone number: _____

Do you have any plans to move in the near future? Yes No

If yes, what do you plan to do with your pet(s)? _____

Please list all of the animals you have had in your home within the past 3 years:

Name	Type / Breed	Age	Sex	Spayed/Neutered?	Currently in home?	If not, Why?
_____	_____	_____	M F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	M F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	M F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	M F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Please provide the name and daytime phone number of two references:

Personal: _____

(Not a relative)

Veterinarian: _____

(Please list an additional personal reference if no veterinary reference is provided)

Please note that missing or incorrect information will delay processing of your application. If you don't have a phone number handy, please call or e-mail it (save@savehomelessanimals.org) when you get home. Thank you!

If you do not have a veterinary reference, do you know which veterinarian you will be using? Yes No

If so, please list: _____

Have you ever had to give up a cat or dog, or release a pet to a shelter? Yes No

If yes, what were the circumstances? _____

Under what circumstances would you consider giving up your pet? _____

For Cats only: Do you intend to de-claw the cat you adopt? Yes No

Do you have de-clawed cats at home? Yes No

Will your cat be allowed to go outside? Yes No

For Dogs only: Do you have a fenced-in yard? Yes No

If yes, how high is the fence? _____ Feet Wood Chain Link Underground/Electric Other

If not, how do you plan to exercise and/or confine your dog to your property? _____

Will you seek professional help if there are behavioral problems with your new pet? Yes No

Do you have contingency plans in place for your new pet if something were to happen to you? Yes No

Please list plan: _____

Do any members of your household have allergies? Yes No If yes, please list: _____

Is there anything else you'd like to tell us? Are you looking to adopt a specific type of animal? _____

How did you hear about SAVE? _____

I hereby give to SAVE, A Friend to Homeless Animals access all veterinary records of any and all animals I own or have owned. I give my consent for SAVE to contact the above listed references to inquire on the history of previously or currently owned animals. If approved, SAVE will keep this application active for six months. I certify that all the information in this application is true and I understand that false information may void the application.

Completion of this application in no way guarantees acquisition of a pet. All adoptions are finalized at the discretion of the adoption counselors. SAVE reserves the right to deny approval of any adoption.

Signature _____ Date ____/____/____

If you have any questions, or have not been contacted within a week of your application, please contact SAVE at (609) 309-5214

Or by e-mail at save@savehomelessanimals.org .
Applications may also be FAXED to (609) 309-5796
(Revised 8/16/16)