

ADOPTION APPLICATION

FREEdom TAILS Ohio Rescue

APPROVED | Date: _____

DENIED | Date: _____

Please understand that your answers to these questions help us determine the best homes for our animals. By applying for the adoption of a FREEdom TAILS Ohio Rescue, you hereby give your veterinarian(s) and other references permission to disclose pertinent information to FREEdom TAILS Ohio.

Today's Date:

Name or description of animal you wish to adopt:

Species:

Breed:

PERSONAL INFORMATION

Full Name(s):

Address:

City:

State:

County:

Zip:

Contact Phone:

Other Phone:

Email:

Date of Birth:

Occupation:

Employer:

How long employed?:

Work Phone:

PERSONAL REFERENCE

A personal reference is anyone who does not live in the same household as the adopter

Name:

Relation:

Address:

City:

State:

Phone:

Email:

Years Acquainted:

HOUSEHOLD INFORMATION

If you rent:

Own

Rent

Landlord's Name:

Landlord's Address:

Landlord's Phone:

Pet's Allowed?: Yes No

Is your landlord aware that you are looking for a new pet?: Yes No

Do you have a yard?: Yes No Is it fenced? What Type?: Yes No

If no, how do you plan to ensure your pet gets exercise?:

Please list the ages of ALL other adults AND children in the home:

HOUSEHOLD INFORMATION CONTINUED

Do you own any other animals?: Yes No Are they spayed/neutered?: Yes No

If not s/n why?:

Are your pets up to date on their vaccines and monthly preventatives?: Yes No

PERSONAL REFERENCE

Who is your current Veterinarian?:

Address:

Contact Phone:

Please list the names and phone numbers of any other veterinarian you've used in the past:

PLEASE LIST ALL PETS YOU'VE OWNED IN THE PAST 5 YEARS

Pet #1

Species: Breed:

Where did you obtain this animal?:

Do you still own this animal?: Yes No

If no, why?:

If yes, how long have you owned this animal?:

Are they spayed/neutered?: Yes No Companion Type: Indoor Outdoor Both

Up to date and current on vaccines?: Yes No

Pet #2

Species: Breed:

Where did you obtain this animal?:

Do you still own this animal?: Yes No

If no, why?:

If yes, how long have you owned this animal?:

Are they spayed/neutered?: Yes No Companion Type: Indoor Outdoor Both

Up to date and current on vaccines?: Yes No

Pet #3

Species: Breed:

Where did you obtain this animal?:

Do you still own this animal?: Yes No

If no, why?:

If yes, how long have you owned this animal?:

Are they spayed/neutered?: Yes No Companion Type: Indoor Outdoor Both

Up to date and current on vaccines?: Yes No

NEW ADOPTION QUESTIONS

Where will this animal spend most of each day?:

Will this animal be kept primarily indoors?: Yes No

On a regular day, how many hours will the animal be left alone?:

Do you have a contingency plan to pay for unexpected emergency vet bills?: Yes No

How did you hear about us?:

GENERAL QUESTIONS

Does anyone in the home suffer from allergies?: Yes No

If YES, how will this be addressed?:

Has anyone in the home been convicted of a crime?: Yes No

What would cause you to return your pet to FREEdom TAILS Ohio?:

Thank you for applying to adopt with us. Please be advised that a copy of your application will stay on file with us, whether your application is approved or denied. I understand that a pet is a lifelong commitment. I am ready to make a commitment to feed, protect, shelter and care for my pet for the rest of his/her life. I verify that the information I have provided in this application is true and accurate. FREEdom Tails Ohio Rescue reserves the right to refuse adoptions for any reason.

Signature of Applicant _____

Date: