

P.O. Box 484
Irwin, PA 15642
724-863-7722



ADOPTION APPLICATION

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Home Phone: () _____ Alternate Phone Number: () _____

Animal(s) Applied for: _____

Minimum Donation: \$100 cat/kitten

PLEASE COMPLETE THIS FORM. WHEN FINISHED, IT WILL BE REVIEWED BY ONE OF OUR ADOPTION VOLUNTEERS.

1. Are you at least 21 years of age? ____ Yes ____ No
2. Why do you want a pet? _____
This pet is for: ____ my family ____ a relative ____ a gift for _____
3. Have you ever adopted a pet from us? ____ Yes ____ No If yes, what kind? _____
4. Have you ever surrendered (gave up) an animal to a shelter/rescue/animal control agency/private individual?
If yes, for what reason? _____
5. How many other pets do you currently have in your household? ____ Please list on back page
6. What describes your household on an average day?
Active ____ Noisy ____ Average ____ Quiet ____
7. Who is your veterinarian? (Please list vets used for pets you currently have and pets you no longer have.)
Name: _____ Phone: _____
Name: _____ Phone: _____
If you do not currently have a veterinarian, whom do you plan to use? _____
Do you have any objections to our calling your veterinarian for verification? ____ Yes ____ No
Under what *LAST* name is your pet registered at the veterinarian's office? _____
Can you provide vet care as required by state law for unexpected accidents/health problems? ____ Yes ____ No
8. Do you: ____ own ____ rent ____
Are you required to pay a deposit for owning an animal? ____ Yes ____ No
If you rent, what is your landlord's name? _____ Phone: _____
Are you willing to provide written knowledge and consent of landlord? ____ Yes ____ No

9. If you were to move what will you do with this animal? _____

10. Who would be responsible for the care of this animal if you were no longer able to care for it yourself?

Name: _____ Phone: (____) _____

11. How many people live in your household? _____

If there are children in the household, what are their ages? _____

12. Do you or does anyone living in your household have any known allergies to animals? ____Yes ____No

If "yes": to what kinds(s) of animals and how severe is the allergy? _____

13. Will this cat be allowed outdoors? ____Yes ____No

If "yes", under what circumstances? _____

14. Do you plan on having your cat declawed? ____Yes ____No

15. What will you do if your cat claws furniture or shows other destructive behavior such as not using the litter pan?

16. Do you have any questions? _____

17. List current pets in the home.

Pets Name	Type	Time Owned	Spayed/Neutered	Age	Sex	Inside/Outside Both	Declawed	Up to date on Vaccines?
			Y / N				Y / N	Y / N
			Y / N				Y / N	Y / N
			Y / N				Y / N	Y / N
			Y / N				Y / N	Y / N

18. List the pets owned in the last five years other than those listed above.

Pets Name	Type	Time Owned	Spayed/Neutered	Age	Inside/Outside Both	Declawed	Where is pet now?
			Y / N			Y / N	
			Y / N			Y / N	
			Y / N			Y / N	
			Y / N			Y / N	

Pet Friends, Inc. reserves the right to refuse adoption to anyone who cannot provide a healthy and safe environment for the animal in accordance with Pennsylvania animal ordinances and laws. No animal will be adopted to prospective owners who mislead or fail to provide accurate information on this adoption application. Pet Friends, Inc. reserves the right to share applicant information with other rescue groups and animal welfare agencies. It takes time to review all applications received. Please allow 3-5 working days for Pet Friends, Inc. to make a decision about your request to adopt. If the adoption is APPROVED, you will be contacted within this time period.

Applicant Signature: _____

Date: _____