

**ZOI'S ANIMAL RESCUE
PET ADOPTION APPLICATION**

Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
E-mail Address: _____
Employer: _____ Work Phone: _____
Name of pet applying for: _____ ☐ Cat ☐ Dog ☐ Other

Please answer all questions honestly.

Is this pet specifically for your household? ☐ Yes ☐ No Is this pet a gift? ☐ Yes ☐ No
Do you have pets now? ☐ No ☐ Yes, how many: Cats _____ Dogs _____ Other _____
Are all of your pets spayed/neutered? ☐ Yes ☐ No, why? _____
Are all of your pets vaccinated? ☐ Yes ☐ No, why? _____
Do you use heartworm prevention? ☐ No ☐ Yes, which medication? _____
What will you do if your new pet does not get along with your current pet(s)? _____

Do you live in a: ☐ House ☐ Apartment ☐ Other Within city limits? ☐ Yes ☐ No
Do you rent? ☐ No ☐ Yes, Landlord's name: _____ Phone: _____
Number of adults in household: _____ Age of each child: _____
This household is: ☐ Smoking ☐ Nonsmoking
This pet will be: ☐ Indoor only ☐ Indoor/Outdoor ☐ Outdoor Only
Do you have a fenced-in yard?
☐ Yes, Height _____ Type: _____
☐ No, how will you guarantee the pet will stay home? _____

Are you prepared to spend **\$380 – \$1,170** annually for a dog or **\$430 – \$870** for a cat* ☐ Yes ☐ No

Veterinary Clinic: _____ **Veterinarian:** _____ **Phone:** _____

Name of pet(s) treated: _____

Please read carefully before signing.

The information given on this application is true correct to the best of my knowledge. I authorize my veterinarian to release information to ZAR for the purpose of processing and evaluating this application. I understand that this application is to help determine if the proposed adoption is in the best interests of both the pet and me/my family, especially if there are young children in the residence. I understand that submission of this application, under no circumstances, ensures my approval for adoption.

Signature

Date

ZAR Representative Signature

Date

Zoi's Animal Rescue Representative

Date Reviewed _____ **Reviewer** _____ **ASM #** _____

Approved _____ **Denied** _____ **Release Date** _____

Comments _____

☐ ASM ☐ PetSmart ☐ Deposit **Microchip #** _____