CATS MEOW DOGS BARK RESCUE

ADOPTION APPLICATION

Please complete all fields to the best of your ability. Please be VERY truthful with your answers! We are placing trust within you and expect that you are honest and forthright. We take time, funds and unconditional love for the animal(s) you are about to adopt so please understand that we why we require this information. Your information on this application is held in the strictest confidence. Missing information may cause a delay in processing your application

\*\*\***All information is required\*\*\***

**Personal Information:**

|  |  |
| --- | --- |
| Date of Application | Name(s) of animal(s) you are interested in |
| Name(s) of adopting party | Date of Birth ~ Month & Year |

**Contact Information:**

|  |  |  |
| --- | --- | --- |
| City | Address: |  |
| Cell Phone: | State: | Zip: |
|  Home Phone: | Email Address:  |  |

**Employment Information:** We require this to make sure you are gainfully employed and can afford to adopt

|  |  |
| --- | --- |
| Employer: |  |
|  Employer: |  |

**Personal References:** All reference need to be completed!

|  |  |  |  |
| --- | --- | --- | --- |
| First name: | Last Name: | Relationship: | Phone Number: |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| First name: | Last Name: | Relationship: | Phone Number: |
|  |  |  |  |

**Business Reference (please do not list the same person twice)**

|  |  |  |  |
| --- | --- | --- | --- |
| First name: | Last Name: | Relationship: | Phone Number: |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| First name: | Last Name: | Relationship: | Phone Number: |
|  |  |  |  |

**Family Reference (please do not list the same person twice):**

|  |  |  |  |
| --- | --- | --- | --- |
| First name: | Last Name: | Relationship: | Phone Number: |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| First name: | Last Name: | Relationship: | Phone Number: |
|  |  |  |  |

**Residence Information:**

\*If you are “renting” at your place of residence you **MUST** supply documentation (no phone calls will be accepted) from your landlord and/or owner stating that you are allowed to have animals in your dwelling.

|  |  |
| --- | --- |
| \* Type of dwelling (circle one): APARTMENT CONDO HOUSE TOWNHOME MOBILE HOME |  |
| \* How long at this address (circle one): < 1 year 1 year 2 years 3 years 4 years 5 years > 5 years |  |
| \* Do you (circle one)? RENT OWN | If you rent, do you have permission to keep an animal? YES NO |

|  |  |
| --- | --- |
| Is there anyone within your home that has allergies, especially to felines/canines? | Explain: |

**Household Information:**

Please list the following information for each person, other than the applicant above, who will be living in the household with the dog/cat (please list spouse or significant other first):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Age | Relationship | Occupation |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Who will be the primary caregiver for this dog/cat? |  |  |  |  |
| Is everyone in the household aware of and agreeable to your interest in adopting (circle one)? YES NO |  |  |  |  |

**Current and Past Pet Information:**

\*If you currently own any pets (cats, dogs, birds, rabbits, pocket pets), Please list them below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Sex  | age | Breed | Spayed/Neutered (circle one) |
|  |  MALE FEMALE |  |  |  YES NO |
|  |  MALE FEMALE |  |  |  YES NO |
|  |  MALE FEMALE |  |  |  YES NO |
| Please enter any additional comments regarding your pets(s)  |  |  |  |  |

|  |
| --- |
| Have you ever lost, surrendered to a shelter/rescue, placed in another home, or given a pet away (circle one)? YES NO |
| If yes, please explain: |
|  |

**Veterinarian and Medical Information:**

\* Please provide the veterinarian who can confirm vaccination and heartworm testing records for any current or past pets that have lived in your household (even if owned by another member of the household).

|  |  |  |
| --- | --- | --- |
| Clinic: |  |  |
| City | State: | Phone w/area code: |

**Additional Information:**

Why have you chosen to adopt a pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What qualities are you looking for in a pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please check all that apply:

|  |  |
| --- | --- |
|  | I have owned a dog/cat |
|  | I have done research on the Internet |
|  | A family member owns a dog/cat |
|  | I have talked to people who own dogs/cats |
|  | I have read the adoption application |
|  | A friend owns a dog /cat |
|  | Other (please specify): |

Where will the new pet spend the day (check all that apply)?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Loose indoors |  |  | Garage |  |  | Outside kennel run |
|   | Crate |   |  | Loose outdoors  |  |  | Other (specify): |

Where will the new pet spend the night (check all that apply)?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Loose indoors |  |  | Garage |  |  | Outside kennel run |
|   | Crate |   |  | Loose outdoors  |  |  | Other (specify): |

This Personal Information profile, along with the Adoption Contract and Addendums are together a legal binding Contract between Cats Meow Dogs Bark Rescue & Retirement Homes(divisions of The Kelvar Mair Foundation (The Kelvar Edraith Fellowship)) and the adoptee(s). All information provided by the adoptee must be truthful and complete. CMDBR&RHs will not adopt to any research facility or any organization and or persons that promote animal cruelty. CMDBR&RHs reserves the right to take legal action upon anyone who falsely represents him or herself in the adoption process. That the adoptee(s) will pay legal fees and judgments awarded CMDBR&RHs

We reserve the right to refuse or deny any application. By signing and dating below, you attest that all the information contained in this application is

complete and truthful. Any misrepresentation will constitute grounds for automatic rejection.

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~

 Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for Rejection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Comments: