

## Grant County WA

Laf\_Adopt@yahoo.com

## **Animal Adoption Application**

|   | 1 1 - 1 - 1  |                |   |
|---|--|----------------|---|
| Name of Animal:   | Dog  | Cat:           | Date:                                       |
| Please complete this application if LAFPOGCW. Prior to an approval conspection. This is to further our goatch for both you and the animal with the match. | of your applications of your applications of ensuring the second of ensuring the second of the secon | ation, we may  | y ask to do a home<br>ake the best possible |
| Please be aware that if for any rea<br>you adopt the adoption contract v  | -  | _              |   |
| Please be sure to <u>ANSWER AL</u><br>comments. If a question doe<br>cle  |  | rite N/A. Plea | •   |
| Adopter Name:   |  |                | Age:  |
| Home Phone:   |  | Cell Ph        | ione:                                       |

| Email:  |                |                   |                |                    |  |
|---|----------------|-------------------|----------------|--------------------|--|
| What is the best way to conta   | ict you?       |                   |                |                    |  |
| Address:  |                | City:             |                | Zip:               |  |
| Your type of dwelling:  | House          | _Condo            | Apartment      | Townhouse          |  |
| Do you have a fenced yard?  | YesNo          | If so, type of fe | nce and how ta | II?                |  |
| Do you have locks and/or latches on all your gates? Yes No                          |                |                   |                |                    |  |
| Do you have any of the follow   | ving: Balcony_ | Pool              | Pet Door       | Unscreened Windows |  |
| If yes, will the pet be left unac   | ccompanied i   | n these areas?    | Yes            | No                 |  |
| When would you consider it appropriate to chain or tether a dog outside?            |                |                   |                |                    |  |
| Do you rent or own your curre   | ent residence  | ? OWNF            | RENT           |                    |  |
| If you rent, are pets allowed? Yes No Pet Deposit? Yes No                           |                |                   |                |                    |  |
| Do you plan to move within the  | ne next 6-12 r | months? Yes _     | No             | When?              |  |
| We require written and/or verbal consent from your landlord if you are renting.     |                |                   |                |                    |  |
| (Complete if renting, please) What is the name of the property owner/agent/company? |                |                   |                |                    |  |
| Contact name and phone nun  | nber:          |                   |                |                    |  |
| Do all adults in your household know you plan to adopt? YesNo                       |                |                   |                |                    |  |
| Do you have children? YesNo   |                |                   |                |                    |  |

| Please list the name, age and relationship to yourself of each person currently living in your house: |  |  |  |  |
|---|--|--|--|--|
|   |  |  |  |  |
| Does anyone living in your home have any known allergies? YesNo                                       |  |  |  |  |
| If yes, what kind?  |  |  |  |  |
| Have your children ever been around dogs and/or cats? YesNo Not Applicable                            |  |  |  |  |
| Has your child ever been bitten by a dog? YesNoNot Applicable   |  |  |  |  |
| Do your current pets get along with other animals? YesNoNot Applicable                                |  |  |  |  |
| What qualities are looking for in a rescue animal?  |  |  |  |  |
|   |  |  |  |  |
| Are you looking for: Companion Family Guard Dog Gift Other  |  |  |  |  |
| Please explain:   |  |  |  |  |
| Will this pet be:   |  |  |  |  |
| Indoor onlyMostly IndoorMostly OutdoorOutdoor only  |  |  |  |  |
| Where will your new pet sleep at night?   |  |  |  |  |
| In what areas of the house will the dog/cat be allowed?   |  |  |  |  |
| How many hours per day on average will the pet be alone?  |  |  |  |  |
| Do you travel often? Yes No   |  |  |  |  |
| Where do your pets stay when you travel?  |  |  |  |  |

## **PAST/PRESENT PET HISTORY**

Please list the name, type, age, gender, and if pet is spayed or neutered of all current animals. (Ex- Duke, yellow lab, 1 ½ years old, male neutered)

| Please list age, type, gender and if the pet was spayed or neutered for all animals you have had in the last five years (that you no longer have) and what happened to that animal. (Ex- Rosie, Kelpie X, spayed female, died of old age) |  |  |  |  |
|---|--|--|--|--|
| If any of your current or past pets aren't spayed/neutered please explain why:  |  |  |  |  |
| Are your animals current on all vaccinations?  YesNo  |  |  |  |  |
| If adopting a CAT, do you plan to declaw ?Yes No  |  |  |  |  |
| Please explain:   |  |  |  |  |
| How often do you think a dog/cat should go to the vet for routine care?   |  |  |  |  |
| Current or most recent veterinarian and phone number:   |  |  |  |  |
| May we contact your vet for a reference? YesNo  |  |  |  |  |

| What would cause you to give away your pet?   |  |  |  |  |  |
|---|--|--|--|--|--|
| Moving to another stateFleas or sheds too muchHaving a baby   |  |  |  |  |  |
| shed school/ moving back homeDestruction of home or furniture   |  |  |  |  |  |
| Children will no longer care for dogToo expensiveAllergies  |  |  |  |  |  |
| Getting a divorce or marriedMoved to a "no pet" rentalGrew too big<br>Other   |  |  |  |  |  |
| Have you ever surrendered a pet to a shelter/pound?  Yes No   |  |  |  |  |  |
| If yes, why?  |  |  |  |  |  |
| Do you agree to an inspection of your home and/or yard? YesNo PLEASE PROVIDE TWO PERSONAL REFERENCES:   |  |  |  |  |  |
| NAME:PHONE NUMBER   |  |  |  |  |  |
| NAME:PHONE NUMBER   |  |  |  |  |  |
| Is there anything else you would like to tell us that you think would be important when considering your application?   |  |  |  |  |  |
|   |  |  |  |  |  |
| <u>Important</u> : If you are selected for a meet and greet we prefer that you <b>bring</b> everyone in your family. If you are unable to do so, please explain why.  |  |  |  |  |  |
| It is also important for all of us to know how any pets you currently have will adapt to another being in their home. If you think it is appropriate, we would love for you to bring your pet(s) to the meet and greet. If you feel there is a better way to determine compatibility, let's talk!  I can bring my other petsI will call to discuss it |  |  |  |  |  |

| Finally, if you are doing a same day poss<br>the adoption fee via check or cash. | sible meet/greet/adopt then please come prepared to pa |
|--|--|
|  |  |
| Signature  | Date   |
| Thoule you for your interest in adopting   | through Lost and Found Pots of Grant County            |

Thank you for your interest in adopting through Lost and Found Pets of Grant County, Washington! Your support and interest is what allows us to continue with our work.