



Animal Adoption Application Form

Contact Information

Full name: _____

Occupation: _____

Address: _____

How long at this address: _____

Daytime Phone: _____

Evening Phone: _____

Best time to call: _____

Email address: _____

Family & Housing

How many adults are there in your family (their relationship to you)?

How many children (ages)?

What type of home do you live in single family, town home, apartment, farm, etc.?

Please describe your household: Active Noisy Quiet Average

If you rent, please give the rules governing pets and the landlord's name and number:

(by providing this information you are allowing the Ranch to contact your landlord please inform them of this call so they will speak with us)

Does anyone in the family have a known allergy to any animals? _____

Is everyone in agreement with the decision to adopt an animal? _____

Do you have time to provide adequate love and attention? _____

Other Pets

What other pets do you have (specify type and number)?

Are these pets up to date on vaccines? _____

Are these pets spayed/neutered? If not, why? _____

Have you every surrendered a pet? If so, why?

Have you ever had a pet euthanized? If so, why?

Have you ever lost a pet to an accident?

How do you discipline your pets and why?

Veterinarian

Do you have a regular veterinarian? Yes No

Veterinarian's name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____

(Providing Believe In Vegan Ranch with this information you are allowing the Ranch to call your vet. Please call your vet and ask them to authorize the release of information to the Ranch.)

About the Animal You Wish to Adopt

What is your idea of an ideal animal and why?

Desired age: _____ Desired Size: _____

Desired animal: _____

Animal you would not adopt: _____

Desired sex: Spayed Female Neutered Male No preference

Willing to adopt: outgoing/hyper shy
 one that needs regular medication one that needs training
 one that needs grooming None of these

Where will the animal spend the day? (*describe*)

Where will the animal spend the night? (*describe*)

Number of hours (average) will the animal spend alone? _____

Who will have primary responsibility for this animal's daily care? _____

Who will have financial responsibility for this animal? _____

Do you agree to provide regular health care by a Licensed Veterinarian? Yes No

Do you agree to keep the animal as a family pet? Yes No

Do you agree to contact the Ranch if you can no longer keep the animal? Yes No

Are you willing to let a representative of the Ranch visit your home by appointment?

Yes No

How did you hear about Believe In Vegan Ranch? _____

Personal References

Please list someone who is familiar with both you and your pets.

Name:

Address:

Phone:

Relationship (relative, neighbor, friend, etc.):

Name:

Address:

Phone:

Relationship (relative, neighbor, friend, etc.):

All of the information I have given is true and complete. This animal will reside at/in my home as a pet. I will provide it with quality food, plenty of fresh water, indoor shelter, affection, annual physical examination and vaccinations under the supervision of a licensed Veterinarian.

(Signature)

(Date)