



\*\*\* Completion of this application does not guarantee adoption of an Endless Pawsibilities Animal Rescue (EPAR) pet \*\*\*

\*\*\* This application becomes part of the contract package and EPAR files \*\*\*

\*\*\* Applicant(s) must have a valid ID with current address. Spouse/Partner/Other must acknowledge adoption by signing the application\*\*\*

PET ADOPTION APPLICATION

Name of applicant \_\_\_\_\_ Occupation \_\_\_\_\_

Name of Spouse/Partner/Other \_\_\_\_\_ Occupation \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact - Name \_\_\_\_\_ Best phone number to reach \_\_\_\_\_

Place of Employment \_\_\_\_\_ Years at current job \_\_\_\_\_

If stay at home must include family source of income • If self-employed must include name of company or type of business. DO NOT LEAVE THIS SECTION BLANK

Address \_\_\_\_\_ Supervisor Name and Phone \_\_\_\_\_

How many people reside in your household? List below name, age, and relationship to applicant:

Table with 3 columns: NAME (do not include yourself), AGE, RELATIONSHIP. Contains 4 empty rows for data entry.

Do you live in a House \_\_\_\_\_ Apartment \_\_\_\_\_ Condominium \_\_\_\_\_ Townhouse \_\_\_\_\_ Other? \_\_\_\_\_

Do you Own \_\_\_\_\_ Rent \_\_\_\_\_ If you rent, do you have your property owner's permission to have a pet? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your home or community have an HOA or breed restrictions? Yes \_\_\_ No \_\_\_ List the Breeds \_\_\_\_\_

Name of HOA \_\_\_\_\_ Landlord's Contact Info \_\_\_\_\_

How much of the time will the pet be outdoors? \_\_\_\_\_ How much time indoors? \_\_\_\_\_

How much time will the pet be left alone without humans? \_\_\_\_\_ Where? \_\_\_\_\_

What area(s) of the house will the pet be allowed into? \_\_\_\_\_

What area(s) of the house will the pet NOT be allowed into? \_\_\_\_\_

Where will the pet sleep at night? \_\_\_\_\_

Do you have a pet proof fenced yard? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, how high is the fence? \_\_\_\_\_

Type of fence? \_\_\_\_\_ Are the gate(s) normally locked? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a pool? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, is it fenced separately from the yard? Yes \_\_\_\_\_ No \_\_\_\_\_

Why are you interested in adopting an animal? (Check all that apply)

- Gift  Companion for me  Companion for me and other pet   
For a Child  Replace Previous Pet  For protection

Other (specify) \_\_\_\_\_

For how long have you been considering adopting a companion animal? \_\_\_\_\_

How and how often do you plan to exercise your pet? \_\_\_\_\_

Will you be committed to potty-train if needed? Yes \_\_\_\_\_ No \_\_\_\_\_ and committed to crate-train Yes \_\_\_\_\_ No \_\_\_\_\_

Will you be able to live with hair on your furniture, stains on your rugs, a warm body on your bed, and an animal that might be destructive at times, including finding out you or household are allergic? Yes \_\_\_\_\_ No \_\_\_\_\_

Remember, pets are an investment of your time and money. Can you afford to provide medical care, grooming, proper diet, proper shelter and exercise for your new pet? Yes \_\_\_\_\_ No \_\_\_\_\_

What is the name of your veterinarian or animal hospital? \_\_\_\_\_

Vet's address and phone number? \_\_\_\_\_

If your pet were injured or ill, are you committed to take him/her to the vet? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you able to make a long-term commitment to care for this pet for its entire lifespan, which could be as much as 10-20 years? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this your first pet? \_\_\_\_\_ If not, please list CURRENT PETS and PETS YOU HAVE OWNED IN THE PAST:

Type/Breed	Pet's Name	Age	Neutered		Sex	Still Own		If no Why	Where is animal now
			Yes	No		Yes	No		
			Yes	No		Yes	No		
			Yes	No		Yes	No		

Under what circumstances would you not be able to keep this pet? \_\_\_\_\_

How did you hear about the Rescue? \_\_\_\_\_ Have you applied with any other rescues? \_\_\_\_\_

If Yes what is the name of the rescue? \_\_\_\_\_ Do you have a Pending App? \_\_\_\_\_

Were you denied? \_\_\_\_\_ If Yes, Why? \_\_\_\_\_

List two (non-family) references \_\_\_\_\_  
*Full Name and Phone Number* *Full Name and Phone Number*

I certify that the information entered is true and correct. By signing below, I understand and accept that Endless Pawsibilities Animal Rescue will conduct a home-check prior to scheduling a meet & greet with the desired pet. At the discretion of the volunteer the meet and greet can take place at time of adoption.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_