

Almost Eden Rescue
Paradise for Paws
ADOPTION APPLICATION

PET'S NAME: _____

IF THIS ADOPTION DOES NOT WORK OUT, THE PET MUST BE RETURNED AS SOON AS POSSIBLE! ADOPTING FAMILY MUST MAKE RETURN AT EARLIEST POSSIBLE CONVENIENCE TO OUR KENNELS!

Adopting family initials _____

1. Name of applicant _____ Occupation _____

2. Name of spouse _____ Occupation _____

3. Names & ages of children: _____

4. Street Address _____

5. City _____ State _____ Zip _____

6. EMAIL: _____

7. Home phone () _____ Cell Phone () _____

Work Phone () _____

8. Do you live in? House _____ Apartment _____ Condo _____ Town House _____ Other _____

9. Who will be primary care giver _____ Landlord's name & phone _____

10. Where will your new pet live and sleep? Inside _____ Outside _____

Please explain: _____

Do you have a doggy door?

11. How many hours a day will the pet be left alone? _____

12. Do you have a fenced yard? Yes _____ No _____ If so, how high is the fence? _____

13. Type of fence? _____ Are the gates normally locked? Yes _____ No _____

14. Do you have a pool? Yes _____ No _____ If so, is it fenced separately from the yard? Yes _____ No _____

15. Why do you want this pet? (Check all that applies)

House pet _____ Companion for family _____ Company for other pet _____ Companion for children _____

Protection for family/house _____ Watch dog _____

16. Other pets(specify number of each: Dogs _____ Cats _____ Are they spay/neutered?

Yes _____ No _____ Breeds _____

17. What pets have you had in the past and what happened to those you no longer have?

18. What would happen to the pet/pets if you moved?

Locally _____

Out of state _____

Out of country _____

19. Do you have a regular vet? Yes _____ No _____ Vet's Name/Clinic _____

Clinic address: _____

20. How would you train this dog ? (Check all that apply)

Obedience school _____ Firm verbal commands _____ Hit with newspaper _____ Clicker/hand signals _____

Other/specify _____

21. 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 pet? Yes _____ No _____

22. Are you able to make a long-term commitment to take of your pet for it's entire life, which could be as long as 17 years? Yes _____ No _____

23. Under what circumstances would you not be able to keep this dog/cat?

24. Do you give approval to Almost Eden Rescue to add you email address to our family addresses for any of the following (please indicate yes or no):

Adoption Promotion Activities/Events: _____ Discount Coupon Programs: _____ Fund Raising

Activities: _____

Signature _____ Date _____

THE ALMOST EDEN RESCUE RESERVES THE RIGHT TO REFUSE ADOPTION TO ANY CLIENT FOR ANY REASONS. THIS QUESTIONNAIRE BECOMES A PART OF OUR CONTRACT.

ALMOST EDEN RESCUE
Ridgecrest, CA 93556

Teresa Parker

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