

DATE: \_\_\_\_\_

# ADOPTION APPLICATION

---

CLIENT INFORMATION:

---

Have you adopted from MAGGIE MAYFLOWER RESCUE before?

Yes \_\_\_\_\_ No \_\_\_\_\_

Applicant Name: \_\_\_\_\_

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

Physical Address \_\_\_\_\_

Apt: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

As an adopter you are responsible for checking into additional security fees, insurance cost, etc. that you may become responsible for when adopting a pet.

Do you accept that responsibility? \_\_\_\_\_



DATE: \_\_\_\_\_

**Please fill this out as completely as possible**

Do you currently have a veterinarian? If so who?

\_\_\_\_\_

Are your pets up to date on vaccinations: \_\_\_\_\_

Are you financially willing and able to provide annual vaccinations, exams and routine medical care? This is an annual commitment that could range from \$200 to \$400?

\_\_\_\_\_

Please list any animals that are no longer with you and explain why.

Why are you looking for a new pet?

\_\_\_\_\_

How long will your new pet be outdoors?

\_\_\_\_\_

Please list any animals you have surrendered to a shelter or animal control:

\_\_\_\_\_

DATE: \_\_\_\_\_

Agreement:

**By signing this form, I acknowledge that all information on this form is true and correct. I understand that any misrepresentation of the facts may result in Maggie Mayflower Rescue refusing adoption privileges to me. I authorize Maggie Mayflower Rescue to contact all veterinarians listed on the application.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_