The Minnis Sanctuary Application for Adoption

This form is used for adopters and interested parties.

APPLICANT INFORMATION

| Name: | | | Date: |
|--|--------------|-------------------------------|------------------------|
| Address: | | Apartment/Unit #: | |
| | | | Zip Code: |
| Phone Number: | | Email: | |
| | | | |
| Spouse/Partner name: | | | |
| Are you currently: | | | |
| Employed full-time | Employed p | oart-time 🗆 Unemployed 🗆 S | tudent 🗆 Retired |
| LIVING ARRANGEME | NT | | |
| Do you: Rent your he | ome 🗆 Own y | our home 🗆 Live at parents | |
| If you rent, does your landlord allow pets? Yes. How many? No No No Not sur | | | |
| Landlords name and p | hone numbe | r: | |
| What type of home do | you have? | | |
| | | Apartment 🗆 Other | |
| Length of time at your | | | |
| | | | |
| | | | |
| Do you plan on moving | in the fores | eeable future? If so, where v | will you move and why? |

Are all members of your household aware of and in agreement with this adoption? If not, please list who is not in favor of the adoption and the nature of their concern or objection.

Are any members of the household allergic to cats or dogs? \Box Yes \Box No

Who lives with you? Please list all children and adult(s) in the home your pet will reside. Name / Age

If you have owned any animals in the past 10 years and are not currently in your possession, what happened to the animals?

CURRENT PETS, PET OWNERSHIP, AND VET CARE Can you afford to care for a pet? (Food, supplies, veterinary bills, etc.) Yes No Do you have a veterinarian? Yes No Veterinarians Name: Address:

Phone:

Are you willing to provide regular care for your new pet? \Box Yes \Box No

What is your estimate of the cost for annual routine vet care for the pet you wish to adopt?

Would you allow us to speak with your vet to obtain information on the health care of your pets? \Box Yes \Box No

What pets do you currently have? List all, except fish. Pet Name Breed/Species Age Spayed/Neutered

Do your current pets wear identification tags or are microchipped? \Box Yes \Box No Are your pets vaccinations current? \Box Yes \Box No

PET CARE Where do you keep your pet when you are not at home?

When inside, how do you plan to keep your pet? \Box Free inside the house \Box Confined to a crate

When outside, how do you plan to keep your pet? \Box N/A, indoors only \Box On a chain \Box On a cable \Box Garage \Box Fenced yard \Box Invisible fence \Box Free in yard \Box On a leash

How will you introduce your new pet to any existing pets?

How do you plan to handle undesirable behavior (crewing, accidents, scratching furniture, barking, getting onto countertops, etc.)?

ADOPTION INFORMATION

I want to adopt a: \Box Cat \Box Dog \Box Female \Box Male \Box No preference Please indicate the name of the specific pet if there is one:

Why do you want to adopt this pet? (Check all that applies)

□ Companionship

 \Box My children will learn to be responsible for and to care for another creature

 \square Love animals. Want to help a pet in need

 \Box Want to breed

□ Looking for mouse/rodent control for home

 \Box Feel sorry for the animal. The animal is so cute I can't leave it behind

□ Gift for someone. If so, for whom? _____

 \Box Companion for another pet

Other

Who will be primarily responsible for the care of the pet?

Age: _____

I UNDERSTAND & AGREE

1.) The above statements are true to the best of my knowledge.

2.) I understand that my pet needs to be provided with food, water, and shelter at all times.

3.) I understand that The Minnis Sanctuary cannot guarantee the temperament or behavior of any animal I adopt.

4.) For dog adoptions, I understand that my dog must be contained to my yard at all times, except when accompanied by me on a leash.

5.) I understand that while animals are cared for and up-to-date on their vaccinations there is still a chance they may carry a disease or infection.

6.) I understand that it is Maine State Law to keep my dog vaccinated against rabies and to purchase a dog license every year.

Signature Date

Employee Signature Date