

## CARMA APPLICATION FOR ADOPTION

Date \_\_\_\_\_ Name or type of pet applying for \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address (If Available) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

How long have you lived at this address \_\_\_\_\_

Employer Name \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse's Name/Employer \_\_\_\_\_

Spouse's Work Phone \_\_\_\_\_

Reference – local friend or relative: Name/Phone \_\_\_\_\_

1. List ALL pets owned (past & current) in the last five years:

TYPE	SEX	AGE	SPAYED/NEUTERED?	WHAT HAPPENED TO IT?

1a. If NONE, have you ever owned this type of pet? \_\_\_\_\_

How long ago? \_\_\_\_\_

2. Why do you want to adopt this animal? *Companion*    *Guard Dog*    *Mouser*    *Gift*  
*To Breed*    *Personal Protection*    *For Children*    *Other* \_\_\_\_\_

3. How many adults are in your family or house? \_\_\_\_\_ Children? \_\_\_\_\_ Ages of Children \_\_\_\_\_

4. If there are no children, do you expect that to change during this pet's lifetime? \_\_\_\_\_

5. Do all of the adults in the home know that you will be bringing home a new pet today? \_\_\_\_\_

6. Who will be responsible for feeding, housebreaking & training? \_\_\_\_\_

7. Does any member of your family have allergies to animals? \_\_\_\_\_

8. Is someone home during the day? \_\_\_\_\_ Who? \_\_\_\_\_

9. How many hours will this pet be alone during the day? \_\_\_\_\_

10. When I am home, this pet will be kept: *House / Garage / Basement / Yard / Outdoor kennel / Tie out / Crate*

11. When I am away, this pet will be kept: *House / Garage / Basement / Yard / Outdoor kennel / Tie out / Crate*

12. Where will this pet sleep? \_\_\_\_\_  
 Do you live in a: *House / Townhouse / Apartment / Duplex / Condo / Mobile Home*  
 Do you: *Own / Rent*
13. Landlord's name and phone number \_\_\_\_\_
14. **DOG ADOPTERS:**  
 Do you plan to take this dog through obedience classes? \_\_\_\_\_  
 Have you ever taken a dog through obedience classes? \_\_\_\_\_  
 If required with adoption, are you willing to attend a training class or session? \_\_\_\_\_  
 What are your feelings about crate or kennel training? \_\_\_\_\_
15. **CAT ADOPTERS:**  
 Do you plan to declaw your cat? \_\_\_\_\_  
 How will you introduce your new cat to your existing pets? \_\_\_\_\_  
 Will your cat go outside? \_\_\_\_\_
16. Which reasons are acceptable reasons for giving up your pet(s)?
- |                             |                      |                   |                   |                                      |                        |
|-----------------------------|----------------------|-------------------|-------------------|--------------------------------------|------------------------|
| <i>Fence jumping</i>        | <i>Moving</i>        | <i>Illness</i>    | <i>Biting</i>     | <i>Puppy/Kitten</i>                  | <i>Destructiveness</i> |
| <i>Chewing</i>              | <i>Stealing Food</i> | <i>Allergy</i>    | <i>Growling</i>   | <i>Housebreaking</i>                 | <i>Accidents</i>       |
| <i>Spraying</i>             | <i>Showing Teeth</i> | <i>Too Active</i> | <i>Scratching</i> | <i>Compatibility with other pets</i> |                        |
| <i>Hides for first week</i> |                      |                   |                   |                                      |                        |
17. have you ever had to give up a pet? If **yes**, **When** and **Why**? \_\_\_\_\_  
 \_\_\_\_\_
18. It may take your new pet a month (or longer if other pets are involved) to adjust to its new home. What will you do if your pet displays undesired behavior (**see #16 for examples**) during this adjustment time? \_\_\_\_\_  
 \_\_\_\_\_
19. If you have a pet now, who is your veterinarian? \_\_\_\_\_
20. How much time will you spend with this pet each day? \_\_\_\_\_
21. What will you do with the pet during this time? \_\_\_\_\_
22. Are you familiar with local animal control laws & ordinance? \_\_\_\_\_
23. Do you plan to let your pet have puppies or kittens? \_\_\_\_\_
24. How do you feel about having this animal spayed or neutered? \_\_\_\_\_
25. Do you know that dogs/cats require yearly vaccinations? \_\_\_\_\_
26. If you go away for a few days, who will care for this pet? \_\_\_\_\_
27. If you can no longer care for this pet, what will you do with it? \_\_\_\_\_
28. Do you plan to place personal ID tags on your pet? \_\_\_\_\_
29. How long do you expect to keep this pet? \_\_\_\_\_

**YOU WILL GET A FOLLOW-UP CALL, E-MAIL OR A HOME VISIT FROM A CARMA VOLUNTEER TO MAKE SURE EVERYTHING IS GOING WELL WITH YOUR NEW PET. WILL THIS BE A PROBLEM?** \_\_\_\_\_