



PO Box 112
Millstone Township, NJ 08535
609-602-3183
info@wkanimalrescue.org

Pet Adoption Application Form

Contact Information

Full name: _____

Occupation: _____

Address: _____

How long at this address: _____

Daytime Phone: _____

Evening Phone: _____

Best time to call: _____

Email address: _____

Family & Housing

How many adults are there in your family (their relationship to you)?

How many children (ages)?

What type of home do you live in single family, town home, apartment, farm, etc.?

Please describe your household: Active Noisy Quiet Average

If you rent, please give the rules governing pets and the landlord's name and number:

(by providing this information you are allowing WKAR to contact your landlord please inform them of this call so they will speak with us)

_____ Initial _____ Initial

Does anyone in the family have a known allergy to dogs/cats? _____

Is everyone in agreement with the decision to adopt a dog/cat? _____

Do you have time to provide adequate love and attention? _____

Other Pets

What other pets do you have (specify type and number)?

Are these pets up to date on vaccines? _____

Are these pets spayed/neutered? If not..why? _____

Have you every surrendered a pet? If so, why?

Have you ever had a pet euthanized? If so, why?

Have you ever lost a pet to an accident?

How do you discipline your pets and why?

Veterinarian

Do you have a regular veterinarian? __ Yes __ No

Veterinarian's name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____

(Providing WKAR with this information you are allowing WKARto call your vet. Please call your vet and ask them to authorize the release of information to WKAR.)

_____Initial _____Initial

About the Pet You Wish to Adopt

What is your idea of an ideal dog/cat and why?

Desired age: _____ Desired Size: _____

Desired breed: _____

Breed you would not adopt: _____

Desired sex: Spayed Female Neutered Male No preference

Willing to adopt: outgoing/hyper dog shy dog
 dog that needs regular medication dog that needs training
 dog that needs grooming None of these

If you are applying for a particular animal please reference them here:

1st Choice: _____

2nd Choice: _____

Where will the animal spend the day? (*describe*)

Where will the animal spend the night? (*describe*)

Number of hours (average) animal will spend alone? _____

Who will have primary responsibility for this animal's daily care? _____

Who will have financial responsibility for this animal? _____

Do you agree to provide regular health care by a Licensed Veterinarian? Yes No

Do you agree to keep the animal as an indoor animal? Yes No

When the animal goes out, how do you plan to supervise it? Fenced yard? Yes No

What type of fence? _____

Do you agree to contact WKAR if you can no longer keep this animal? Yes No

Are you willing to let a representative of WKAR visit your home by appointment?

Yes No

How did you hear about WKAR?

_____ Initial _____ Initial

Would you be interested in fostering? Yes No Would like to know more

Personal References

Please list someone who is familiar with both you and your pets.

Name: _____
Address: _____ City _____
State _____ Zip _____
Phone: _____
Relationship (relative, neighbor, friend, etc.): _____

Name: _____
Address: _____ City _____
State _____ Zip _____
Phone: _____
Relationship (relative, neighbor, friend, etc.): _____

Employment Verification

Company: _____
Address: _____
Supervisor: _____ Phone: _____
Email: _____
Length of time with employer: _____

PLEASE NOTE THIS INFORMATION IS USED SOLELY TO VERIFY YOU HAVE A REGULAR SOURCE OF INCOME TO CARE FOR A PET.

All of the information I have given is true and complete. This dog/cat will reside in my home as a pet. I will provide it with quality dog/cat food, plenty of fresh water, indoor shelter, affection, annual physical examination and vaccinations under the supervision of a licensed Veterinarian.

(Signature) _____ (Date)

(Signature) _____ (Date)

_____ Initial _____ Initial