



Adoption Application

Please complete the entire application. Incomplete or false information may result in rejection of the application.

Foster Animal Name: _____ Species: _____ Male Female

Breed/Color/Markings: _____

Your Information

Name: _____

Address: _____ City: _____ State: ___ Zip: _____

Phone(s): _____

Email Address: _____

List all adults in your home and their relationship to you:

How many children in your home? _____ Ages: _____

Is everyone in your household in agreement of your adopting this pet? Yes No

Does anyone in the household have allergies or asthma? Yes No

Have you or anyone in your household ever been convicted of domestic abuse or animal/child cruelty, neglect, or abandonment? Yes No

Who will be the primary care giver to the pet? _____

Will this pet live in your home as a member of your family? Yes No

Is this pet being adopted to give as a gift to someone not living in your home? Yes No

Why do you want this pet? Circle all that apply.

House pet Companion Friend for child Companion for another pet Watch dog Mouser

Therapy Walking/running companion Other: _____

Style of your housing: Apartment House Condo Mobile Home Do you rent or own? Rent Own

Renters MUST provide your Landlord's name, email and/or phone:

*We require confirmation from your landlord that you may have pets and that you are aware a pet deposit may be required for your dwelling. Initial _____

Do you have a fenced yard? Yes No If yes describe: _____

What happens to the pet if you move? _____

How will you financially provide for a pet with veterinary care, food, and vacation care? Circle all that apply.

I am employed. My spouse is employed. I am retired. I am a student. Other _____

If you are employed provide the employers name and city. _____

How many hours are you away from home during the average work day? _____

Where will the pet be kept while you are working/running errands? _____

Where will the pet sleep during the night? _____

Where will the pet be kept and cared for while you are on vacations? _____

How will you exercise the pet? _____

Have you had experience with this species or breed? _____

List all other pets you currently own or owned in the last three years.

Pet name. Age. Species/breed. How long owned? Current rabies & combination vaccine? Spay/neutered?

If not current on vaccines, why? _____

If not spayed/neutered, why? _____

Are your current pets on flea/tick prevention? Yes No No current pets

Are your current dogs on heart worm prevention? Yes No No current dogs

Great Lakes Bay Animal Society will need to verify the medical information of your current and/or recent pets. Provide veterinary clinic name, phone number, and city. If we cannot verify the medical history of the animals currently in your home, your application will be automatically denied.

If you do not own pets and have never had a veterinarian, provide the names and phone numbers of two (2) personal references.

Do your current pets get along with other animals? If NOT, which types? _____

What behaviors would you be UNABLE to tolerate or would have you considering giving up the pet? As some pets are not meant to live in every situation, answer as honestly and specifically as you can. Circle all that apply.

Potty accidents Scratching/chewing belongings or furniture Being on furniture Awaking early

Getting into garbage Getting on counters High energy/active Jumping Pulling on leash Shedding

Barking/mewing/whining Other: _____

What methods do you plan on using to discourage unwanted/encourage wanted behavior(s)? Circle all that apply.

Positive reinforcement Remove problem Yell or hit pet Other: _____

Would you be willing to hire a trainer or behaviorist if any behavior problems develop with the pet? Yes No

Have you ever had to give up a pet? Yes No If yes please explain why:

Have you or your spouse ever adopted an animal from another rescue organization? Yes No

If yes, Rescue Name, Address: _____

Are you aware that rescue pets may have unknown medical and behavior history? Yes No

Are you willing to allow a GLBAS representative conduct a home visit? Yes No

What you as an applicant should know

- *The Great Lakes Bay Animal Society (GLBAS) rescued dogs and cats are examined by a veterinarian, vaccinated, parasite treated, and spay/neutered if medically appropriate, before adoption. However, we cannot guarantee the future health of any of our animals.
- *We try to assess the approximate age and breed of the pet but GLBAS cannot and does not guarantee breed or age of its fosters listed for adoption.
- *Submitting an application to GLBAS does not obligate you to adopt nor does it guarantee the pet will be adopted by you.
- *GLBAS places the pet in the best home fit for the pet and the adoptive family, not to the first applicant.
- *It may take up to five (5) days to fully process your application. GLBAS consists of 100% volunteers with work and family obligations and, as such, can not always immediately reply to applications and inquiries.
- *Decisions on adoptions are made based on GLBAS policy and with the input from the pets Foster Guardian along with the Foster Coordinators and Board of Directors.

I have filled out this application to the best of my ability and knowledge. I have made no misrepresentations or misstatements.
 I give permission to Great Lakes Bay Animal Society to verify information.
 I understand that a home check may be mandatory prior to adopting a pet.
 I understand any false statement or incomplete information may terminate a potential adoption.

Signature: _____ Date: _____

**Mail this form to: GLBAS, P.O. Box 2891, Midland, MI 48641-2891
Or scan and email to glbas.org@gmail.com**

Thank you for applying for a GLBAS Foster Pet! For more information on GLBAS go to www.glbas.org

GLBAS Reviewer _____ Date: _____

Accepted Denied Reason for denial: _____