



Crazy Rescue Ladies Inc.

2905 N Belmont Ln
Cooper City, FL 33026
(908) 884-4744

Crazyrescueladiesinc@gmail.com

Adoption Application

Thank you for your interest in adopting. We want to make certain that every animal adopted goes to a loving home where it will be well cared for. As a result, our adoption application includes a number of detailed questions that are a necessary part of our screening process. If your application is accepted, an Adoption Agreement will need to be completed and signed by the adopter and by the rescue before the adoption can be finalized. All information will be kept confidential.

Please note that adopting a new pet is a lifetime commitment that should never be made without careful consideration. You should never adopt a new pet on a whim or out of pity for the animal. Only complete this application if you are certain that you can provide your new pet with a lifetime of quality care and love.

There is a \$5.00 non-refundable application fee which is needed to help cover administrative costs associated with processing applications which include long distance calls to applicants, personal and veterinarian references, arranging home visits and gas expense to complete the home visit.

We receive numerous Adoption Applications where applicants are only "puppy window shopping" or are not truly dedicated to adopting from Crazy Rescue Ladies Inc. Each application takes between 10-12 hours to process. Please send your \$5.00 non-refundable application fee via PayPal to crazyrescueladiesinc@gmail.com please include in the notes your name, email address and transaction number

Name(s) of animal(s) your interested in: _____

Contact Information

Full Name: _____

Occupation: _____

Address: _____

City: _____ State: _____ Zip: _____

How long at this address: _____

Driver's License Number: _____

Date of Birth: _____

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, townhouse, apartment, farm, etc.)?

Please describe your household: ___ Active ___ Noisy ___ Quiet ___ Average

Do you have a fenced in yard? ___ Yes ___ No

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

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

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

Is everyone in agreement with the decision to adopt? _____

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

Other Pets

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

Are your pets up to date with vaccines? _____

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

Have you ever 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?

Previous Pets

Name: _____ Dog / Cat Other: _____

Age: _____ Gender: _____

Why do you no longer have this pet? (circle one)

Deceased

Gave Away

Ran Away/lost

Name: _____ Dog / Cat Other: _____

Age: _____ Gender: _____

Why do you no longer have this pet? (circle one)

Deceased

Gave Away

Ran Away/lost

Name: _____ Dog / Cat Other: _____

Age: _____ Gender: _____

Why do you no longer have this pet? (circle one)

Deceased

Gave Away

Ran Away/lost

Veterinarian

Do you have a regular veterinarian? ___ Yes ___ No

Veterinarian's name: _____

Clinic Name: _____

Address: _____

Phone: _____

(Please let them know we will be calling)

About the Pet You Wish to Adopt

What is your ideal pet 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
 needs regular medication needs training
 needs grooming none of these

Where will they spend the day? (describe)

Where will they spend the night?

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

Who will have primary responsibility for the pet's daily care? _____

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

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

When the dog goes out how do you plan to supervise it? _____

Do you have a fenced in yard? Yes No

Do you agree to contact CRL if you no longer can keep this pet? Yes No

Are you willing to let a representative of CRL visit your home? Yes No

How did you hear about Crazy Rescue Ladies Inc.? _____

Personal References

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

Name: _____

Address: _____

Phone: _____

Relationship (relative, neighbor, friend, etc.) _____

Name: _____

Address: _____

Phone: _____

Relationship (relative, neighbor, friend, etc.) _____

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

(Signature)

(Date)