



Ruff Life Rescue & Rehabilitation, Inc.

ADOPTION APPLICATION

Thank you for considering adoption! Before you decide to adopt a pet, please consider the time, effort and funds necessary to properly maintain an animal. Responsible pet ownership requires a commitment to provide care and companionship for the life of the animal. The decision to adopt a pet is an important one. In order to insure that you and your pet will be happy for years to come, we need to take time to discuss your and the animal's individual needs and personality traits. Please take a few moments to carefully read and complete this application. Please note there are no wrong answers. This is to ensure that the cat/dog you are interested in is a good fit for you and your home.

To qualify for adoption, you must:

- Be at least 21 years old and have a valid driver's license or state Identification Card stating your current address
 - Have the knowledge and consent of a landlord, if relevant

• Be able and willing to spend the time and money necessary to provide medical treatment, proper nourishment, care, and training for a pet
Please note: We reserve the right to refuse adoption to anyone. Please be advised that we will not adopt to persons who mislead or fail to provide accurate information on this application.

Name of Animal Applying For: _____ Dog or Cat? _____

Personal Information

Full Name _____

Address (Street) _____ (City) _____ (State) _____ (Zip) _____

How long at this address: _____ (Yrs.) *If less than 2 years, list previous addresses for past 7 years:

Primary Phone _____ Driver License # _____

Email Address: _____

Spouse/Partner Full Name: _____

Address (Street) _____ (City) _____ (State) _____ (Zip) _____

How long at this address: _____ (Yrs.) *If less than 2 years, list previous addresses for past 7 years:

Primary Phone _____ Driver License # _____

Email Address: _____

**If you rent, please give landlord's name and phone number: _____

(By providing this information you are allowing us to contact your landlord. Please inform them of this call so they will speak with us)

Family & Housing

List all members living in the household (names/ages/relationship to you).

Name	Age	Relationship	Other Info (optional)

Current & Past Pets

Please list all of your current pets and pets owned in the past 5 years

Dog or Cat	Breed	Name	Age	M/F	Spayed/Neutered	Living or Deceased (reason)

*Please use back of application if you run out of space. We require all other animals in your home be up to date on vaccinations.

Veterinarian

Please list veterinarian that has seen your current pets, both past and present. If no vet, please contact local vets to be sure they are accepting new patients (many are not at this time). List veterinarian you plan to use if none currently.

Veterinarian/Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____

(By providing us with this information, you are allowing us to call your vet. Please call your vet and ask them to authorize the release of information to us)

General Information

Have you ever surrendered a pet? Yes No

If so, why? _____

Have you ever had a pet euthanized? Yes No

If so, why? _____

Have you ever lost a pet to an accident? Yes No

If so, explain: _____

Does anyone in the family have a known allergy to cats/dogs? Yes No

How do you discipline your pets and why? _____

Where will the cat/dog spend the day? (*Describe*) _____

Where will the cat/dog spend the night? (*Describe*) _____

Number of hours per day (average) cat/dog will spend alone? _____

Who will have primary responsibility for this cat/dog's daily care? _____

Who will have financial responsibility for this cat/dog? _____

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

Do you agree to keep the cat/dog as an indoor cat/dog? Yes No

For cats, do you plan to declaw? Yes No If Yes, why? _____

For dogs, when outside, how do you plan to supervise it? _____

Do you have a fenced yard? Yes No Height: _____

Do you agree to contact us if you can no longer keep this cat/dog? Yes No

Are you willing to let a representative visit your home by appointment? Yes No

Personal References

Please list 2 people who are familiar with both you and your pets.

Name: _____

Address: _____

Phone: _____

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

Name: _____

Address: _____

Phone: _____

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

I certify that the above information is true and correct to the best of my knowledge. I also acknowledge falsification of the above can result in my being denied adoption of an animal or, if an animal has been adopted to me, the return of that animal to Ruff Life Rescue and Rehabilitation, Inc. I agree to have this dog/cat reside INSIDE 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)

RLR Witness

(Date)

Return Application to:

Email: rufflifeadoptoptions@gmail.com