



ADOPTION, FOSTER or FOSTER TO ADOPT APPLICATION

Please print answers clearly on application. Applications can be **faxed to (586) 933-2565**
Or scanned and emailed to **clinic@allaboutanimalsrescue.org**

Date: _____ Animal's name: _____

Animal is a dog or a cat? _____ I want to Adopt _____ Foster _____ Foster to Adopt _____

Your Name _____ Phone # _____

Address _____ City _____ Zip _____

Email: _____

1. Year of birth _____

2. Have you ever owned a pet? Yes _____ No _____

3. Do you currently live in a: House _____ Apt _____ Condo _____ Mobile Home Park _____ Town House _____

4. Do you: Own _____ Rent _____ Lease _____

5. Proof of Landlord or Association pet approval policy attached? Yes _____ No _____

6. How many people currently live in your household? Adults _____ Children _____ Children's ages _____

7. Check reason you plan on adopting: Family Companion _____ Companion for other pet _____ Guard dog _____

8. Does anyone in the household have any pet allergies? Yes _____ No _____ Explain: _____

9. Are you aware that the cost of vet care is usually \$200-\$300 per year, without serious illness? _____

10. Are you aware that the cost of pet supplies can be another \$1,000 per year? _____

11. How many pets do you currently own? _____ How many pets currently live with you? _____

12. Please supply the name and following information on the pets living in your home:

a. Type? b. Age? c. Sterilized? d. Current on Vaccines? e. On Heartworm Preventative? f. Resides- Inside, Outside or Both?

13. How many pets have you owned in the past 10 years? _____ What happened to each of the animals no longer in your home? Please explain for each pet: _____

14. Have your current pets been exposed to other animals coming in the home? _____ What was their reaction? _____

15. Previous vet history will be verified. Please list name, location and phone # of each practice and names of your pets. *Many vets require owner authorization to release history. Please expedite the process by contacting the practice with your permission.*

16. Are any of your pets being treated for medical conditions? _____ Please explain: _____

17. Where will this animal be living? Inside _____ Outside _____

18. Where will this animal be sleeping _____

19. How much time will this animal be spending OUTSIDE on a given day and in what circumstances?

20. How much time will this animal be spending INSIDE on a given day and in what circumstances?

21. Is your yard enclosed? _____; Chain link _____ Privacy fence _____ Invisible Fence _____ Outdoor kennel _____

22. Approximately how many hours will the animal be left alone during a given day? _____

23. If looking to adopt a cat; what would lead you to choose to declaw? _____

24. Would you object to an AAAR representative coming to your home or calling to check on the animal? _____

25. Comments? _____

I understand completion of this evaluation does not guarantee the adoption or foster placement of this pet. Furthermore, falsification of information will result in immediate denial of this application. Incomplete evaluation will not be processed.

Signature _____ Date _____