

Angel's Haven Boarding & Rescue

Box 418 Oak Bluff, MB R0G 1N0
204 793-5939 www.angelshaven.ca



ADOPTION APPLICATION

Date:	
Full Name:	
Complete Mailing Address:	
Email Address:	
Phone: (Home)	()
(Work)	()
Employer:	

Please provide two personal references that we may contact:

1. Name	
Relationship	
Phone	Email
2. Name	
Relationship	
Phone	Email
Please provide a veterinary reference that we may contact:	
Name	
Phone	Email

Please answer the questions on the following pages as completely as possible.

Why do you want to adopt an animal?
What do you think are the most important responsibilities in owning an animal?
Why do you want to adopt this animal in particular?
How long has it taken you to decide to adopt a pet?

Are you willing to take the time to work with a pet on housebreaking issues, should the need arise? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you understand and accept that changing an animal's environment may cause the animal to have accidents, especially in the early days of the adoption? <input type="checkbox"/> YES <input type="checkbox"/> NO
If a behavioral problem arises, what steps will you take to work on it?
Does any member of the family have any allergies to animals? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain:
Are you adopting this animal for: <input type="checkbox"/> Self <input type="checkbox"/> Gift
Have you ever owned a pet before? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, what kinds of animal(s) and when?
Which of these pets do you still own?
Please describe any pets you still own, in as much detail as possible (type, age, sex, etc.).
Is/are the animal(s) spayed/neutered? <input type="checkbox"/> YES <input type="checkbox"/> NO
Which pets do you no longer own?
What happened to him/her/them?
Were they spayed/neutered? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever given any of your animals away for any reason? <input type="checkbox"/> YES <input type="checkbox"/> NO

If yes, please explain the reason(s):
What do you consider a good and valid reason for giving up a pet?
What is the name and phone number of the veterinary hospital where your animal(s) has/have received care and vaccinations?
Do you have a different vet in mind for your new pet? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please specify, and please explain why you are changing vets.
What kind of veterinary care do you intend to provide?
Have you done or do you intend to do any reading in preparation for a new pet? Please specify:
How many people currently reside in your household?
Are there children in your household? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, what are their ages?
Do they have experience handling animals? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain:
Is everyone equally enthusiastic about adopting a pet? <input type="checkbox"/> YES <input type="checkbox"/> NO
If no, please explain:

In the absence of the primary caretaker, who will take care of the animal?
Do you own or rent your residence? <input type="checkbox"/> OWN <input type="checkbox"/> RENT
If you rent, what is the name of the landlord and the phone number? ()
Are pets allowed? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please list them:
Are you aware and do you accept that Angel's Haven requires that all cats in the household be spayed/neutered before an adoption of a rescue animal can take place? <input type="checkbox"/> YES <input type="checkbox"/> NO
Are you aware and do you accept that Angel's Haven requires a non-refundable donation for our animals? <input type="checkbox"/> YES <input type="checkbox"/> NO
The average cat has a lifespan of 12 to 15 years. Are you willing to make a commitment to this cat for the rest of his/her life? <input type="checkbox"/> YES <input type="checkbox"/> NO
If, for any reason, you are unable to keep your animal, do you agree to notify Angel's Haven immediately? <input type="checkbox"/> YES <input type="checkbox"/> NO
If you are unable to keep your animal, do you agree to return him/her to Angel's Haven without hesitation? <input type="checkbox"/> YES <input type="checkbox"/> NO
If this is a long distance adoption, and you are unable to keep your animal, are you willing to assume the responsibility, including travel and financial responsibility, for returning the animal to Angel's Haven? <input type="checkbox"/> YES <input type="checkbox"/> NO
Please list any preferences you have in adopting an animal (age, sex, breed, personality, etc.):
Please list any concerns or final questions here:

I have read the above information carefully and have filled out this application honestly. I understand that omission of information and/or failure to answer all questions and sign the application can result in this application being declined. Also, if an omission or untruth is discovered after an adoption takes place, I understand and accept that the Rescue has the right to annul the adoption and reclaim the animal.

I give Angel's Haven permission to fully investigate the information provided as well as contact veterinarians and related officials. If the application passes this review, I

agree to a home and yard visit on a mutually agreed date by a rescue representative before an adoption decision is made.

Furthermore, I understand and accept that the adoption decision depends upon many factors, including -- but not limited to -- the compatibility of the family and home to the individual animal and other applications received on the animal. I understand and accept that it is the Rescue's prerogative to decide which home is most appropriate for the individual animal, and therefore I will not take issue with the decision. Unless otherwise indicated by Angel's Haven, I may be considered for another animal.

Signed this _____ day of _____ 20_____

Applicant's Name (Print)

Applicant's Signature

Rescuer's Name (Print)

Rescuer's Signature