

Adoption Application



Date: \_\_\_\_\_

Contact Information:

BLUE RIVER PET RESCUE

Full Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Household Information:

What type of home do you live in?  House  Duplex  Condo/Townhouse

Farm/Acreage  Apartment  Mobile Home

Do you have a yard?  Yes  No

If yes, is yard fenced?  Yes  No If yes, how high? \_\_\_\_\_

Do you have a crate available for your animal?  Yes  No

Are you familiar with crate size requirements?  Yes  No

Do you rent or own your home?  Own  Rent

If you rent, what is the pet policy? \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

How many people live in your home? \_\_\_\_\_

What are their ages? \_\_\_\_\_

How many hours a day will your companion animal be alone? \_\_\_\_\_

Does anyone in your home have pet allergies?  Yes  No

If yes, are these allergies controlled?  Yes  No

Does anyone in your home have limitations that would inhibit caring for a larger animal?  Yes  No

Animal Expectations

Reasons for adopting this animal:  Family Pet  Child's Pet  Companion for self

Companion for other pets  Exercise Companion  Hunting Companion  Guard animal

Is everyone in your home open to this adoption? \_\_\_\_\_

Animals you would be interested in adopting:

Kitten  Adult Cat  Elderly Cat

Puppy  Small Dog  Medium Dog

Large Dog  Elderly Dog

Special care needs you would be open to:

Pregnant  Litter mates  Medication Needs

Temporary Illness  Permanent Illness  Behavioral Issues

Delays  Disability

Where will this pet spend most of his/her time?  Indoors  Outdoors  Combination

Where will this animal sleep at night? \_\_\_\_\_

How will you exercise your pet? \_\_\_\_\_

How will you train this animal? \_\_\_\_\_

What will you do with this pet if it becomes necessary for you to move? \_\_\_\_\_

**Animal Experience**

Have you ever adopted an animal from a shelter or rescue?  Yes  No

What type of animal? \_\_\_\_\_ Where is this pet now? \_\_\_\_\_

Have you ever surrendered an animal to a shelter or rescue?  Yes  No

What type of animal? \_\_\_\_\_ Why was this pet surrendered? \_\_\_\_\_

**Past Pets:**

Type of Animal	Breed	Why this animal is no longer with you:

**Current Pets:**

Type of Animal	Breed	Age	Male or Female?	Spayed or Neutered?	Are shots current?	Is animal licensed?

Are you current pets tolerant of other animals? \_\_\_\_\_

If you have additional experience with animals, please explain: \_\_\_\_\_

Do you have a regular Veterinarian?  Yes  No

Veterinarian Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Name on records: \_\_\_\_\_

**Adoption Commitments:**

- I commit to providing daily care, feeding and any necessary medications my animal.
- I will socialize with my animal and provide them with lots of love and attention.
- I will provide my pet with daily exercise, and training when needed.
- I have a safe and secure space for my pet that is free of chemicals and electrical hazards.
- I am 18 years of age or older and I am financially able to care for the needs of my companion animals.
- I commit to a one-on-one interview and home visit with members of the BRPR, prior to this adoption.
- I agree to pay an adoption fee.
- If my adoption of an animal from BRPR does not work out, I commit to returning this animal to the rescue.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_