



SANTÉ D'OR
FOUNDATION

Tag # _____
Check # _____ Credit _____ Cash _____
Spay/Neuter Voucher # _____
Already Spayed _____ Already Neutered _____
Date of Home Check: _____ Conducted by: _____

Litter Box _____
Scoop _____
Carrier _____
Kennel _____
Other _____

ADOPTION APPLICATION

Today's Date: _____

Your Name: _____

Your Profession: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

E-Mail: _____

Name of animal you wish to adopt: _____

Sex: Male Female Age: _____ Weight: _____

Species: Cat Dog Other, please list _____

Breed: _____ Color: _____

Name of current Veterinarian: _____

Address: _____ Phone Number: _____

- 1) Do you have any previous experience as animal owners? Yes No
- 2) Do you live in a : House Apartment Townhouse Other, _____
- 3) Do you own your own home: Yes No
- 4) Is your yard fenced? **Front:** Yes No **Back:** Yes No
- 5) Type of fence: Wood Brick Chain link Other, _____
- 6) How tall is the fence? Front: _____ Back: _____
- 7) Will this animal live: Indoors Outdoors Both
- 8) Will this animal sleep: Indoors Outdoors
- 9) On average, how many hours during he day will the animal be without human companionship: _____
- 10) If you were to move, what would happen to your pet? _____
- 11) Are you planning on moving in the next six months? _____
- 12) Do you believe that animals should be spayed and neutered? Yes No
- 13) Have you had experience training dogs? (If adopting cat, skip to 18) Yes No
- 14) Who will train this dog? _____

- 15) Do you plan to take this dog to training/obedience classes? Yes No If not, if you perceive any behavioral problems, then will you take this dog to training/obedience classes? Yes No
- 16) Will your animal be able to receive regular outdoor exercise? Yes No
- 17) Would you install a doggie door for your pet? Yes No
- 18) Are there any areas where the animal will not be allowed? _____
- 19) Can you see this animal as part of your family and keeping him/her for the rest of his/her life? Yes No
- 20) Are you adopting this animal for yourself? Yes No. If not, please name: _____
- 21) What will you do if the animal destroys something valuable? _____
- 22) Would you ever declaw, remove the voice box, crop the ears or have the tail docked of your animal (circle all of the foregoing that apply)? _____ Under what circumstances? _____
- 23) What do you expect from an animal companion? _____
- 24) Have you ever "surrendered" an animal to a shelter or other rescue or humane group? Yes No If so, to whom and for what reason(s)? _____
- 25) Have you ever given away or otherwise given up ownership of an animal? Yes No If so, to whom and for what reason(s)? _____
- 26) Have you ever been denied adoption by a shelter or other rescue or humane groups? Yes No
If so, by whom? _____
- 27) Are you familiar with holistic or alternative medicine? Yes No
- 28) Do you plan on vaccinating your animal annually? Yes No
- 29) Do you have any other animals now or in the past? Yes No If so, please explain what happened to them:
Name /Breed: _____ Age: _____
Name /Breed: _____ Age: _____
Name /Breed: _____ Age: _____
- 30) How many people live in your household, not including animals? _____
Name/Relationship: _____ Age: _____
Name/Relationship: _____ Age: _____
Name/Relationship: _____ Age: _____
Name/Relationship: _____ Age: _____
- 31) How did you hear about us? Newspaper Internet Friend Pet Store other
Please describe: _____
- 32) Would you be interested in being a temporary foster home? Yes No
- 33) Would you be interested in volunteering with Santé D'Or? Yes No
- 34) Any other information that would be helpful to your application? _____

I hereby certify that the above information is true and correct.

Date: _____

Signature: _____