



Date of Application: _____

Adoption Application for: Name/Breed/Mix: _____

Foster Parent: _____ Tag No: _____

Please do not think of any answer as good or bad, right or wrong. Answer honestly so that Animal Welfare Association, Inc., can determine if your family/home life will fit the pet for whom you have applied. Animal Welfare Association, Inc., reserves the right to require a one-day or longer waiting period before adoption may be completed in order to process your application.

The following application uses the singular form of the adopting party. However, if the adopting party is married or has a partner in the adoption process, it is understood that the singular form of the adopting party's pronoun is also to be used in the plural form. Animal Welfare Association, Inc., may hereinafter be referenced as MUM, Inc., or MUM. **The adopting party must be at least 18 years of age to adopt a pet from AWA.**

First Name: _____ Last Name: _____ Age: _____

Partner's First Name: _____ Last Name: _____ Age: _____

Driver's License Number(s): _____ State: _____ Checked for age: Yes No

Phone (w/Area Code): _____ E-Mail : _____

Address: _____ City: _____ State: _____ Zip: _____

Length of Time at this address: _____

If less than two (2) years at this residence, what was your previous address:

Address: _____ City: _____ State: _____ Zip: _____

Length of Time at this address: _____

List names of all other parties living in the home & their ages:

Are all parties willing to take on the responsibility of pet ownership and care?

Yes No If no, please explain.

Who will be the PRIMARY care taker of the pet?

Are you willing to take the pet to obedience classes? Yes No

Please indicate what best describes your current living situation:

Apartment Condo Mobile Home House

Own Rent

Landlord's Name/Phone Number: _____

What type of environment: City Suburban Country

AWA Representative: _____

Do your accommodations have a yard? Yes No

Do your accommodations have a fence? Yes No
What type: How tall:

Average time per 24 hour period pet will be left alone?

Where will the pet be kept while left alone?

Where will the pet be kept most of time? In House Basement Outside

If left outside, will the pet have a: Run House Kennel Other (please explain)

How will the pet be exercised?

How long do you plan to keep the pet?

If you have to move, what will become of your pet(s)?

If you CANNOT keep your pet(s), what will become of your pet(s)?

Please list the name(s) and telephone number(s) of the veterinary office(s) where your pet(s) have been seen for care:

Name: Telephone Number:

Name: Telephone Number:

Name: Telephone Number:

Please list the animals you have currently (use back for additional pets).

Name/Type: Age: Which Vet?:

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Name/Type: Age: Which Vet?:

Are your pets up to date on all vaccinations? Yes No If no, please explain.

Are you aware of the need for heartworm prevention? Yes No

Are your pets up to date on heartworm prevention? Yes No If no, please explain

Please list any pets that are no longer with you(use back for additional pets).

Name/Type: Age: Which Vet?:

What happened to pet?

Name/Type: Age: Which Vet?:

What happened to pet?

Name/Type: Age: Which Vet?:

What happened to pet?

If your new pet were to be diagnosed with hip dysphasia or another medical problem or illness what would you do?

Do you agree to spay or neuter this animal(s) if such procedure has not already been performed?

Yes No If no, please explain.

How did you hear about Animal Welfare Association, Inc.? Internet
Adoption Event (where):
Other:

Animal Welfare Association, Inc. will attempt to provide you with an honest evaluation of the pet you wish to adopt. However, no one can predict how any animal may react in a given situation. Therefore, the applicant is strongly urged to exercise prudence and caution in introducing a new pet into any situation until the pet has become fully adjusted to its new environment and the applicant has had an opportunity to become familiar with the pet's unique characteristics.

Do you realize that, often times, the complete history of an animal may not be known and that you may encounter some behavioral problems? Yes No

Are you willing to contact and work with AWA in correcting these problems? Yes No

Please provide the names, addresses and phone numbers of three references:

- 1.
- 2.
- 3.

Please provide any comments which may be helpful in evaluating your application (use back for more space):

I certify that the information provided on this entire application is true and correct. I am also financially and physically able to care for this animal. I will provide a loving, safe, healthy and clean environment for the adopted pet. I understand that proper food and veterinarian care can be costly and I am able to meet these requirements. I also give permission to the veterinary office and any and all individuals listed to release information to Animal Welfare Association regardless of the nature of the information. Furthermore, I understand that a visit to and inspection of my home may be required before adoption and also may be made on a random basis following adoption. I hereby give my permission to forward any and all information contained in this application to any Animal Welfare Association, Inc., member, representative or AWA, Inc., designated evaluators. _____(applicant initials)

I agree that within 10 days of my application, if my references are not favorable, if my landlord states that I am not allowed to possess a pet, if upon inspection the information contained in this application is found to be false or incomplete, OR if Animal Welfare Association requests the return of the pet to their care, I will consider my adoption contract and/or this application null and void and return the pet IMMEDIATELY to Animal Welfare Association, Inc. Animal Welfare Association is not required to disclose the reason for denial of this application nor the request for return of the pet to their care. _____(applicant initials)

Furthermore, I agree that I will take this pet into my possession at my own risk and at my sole discretion. _____(applicant initials)

I acknowledge that I have read the entirety of this application and understand it.

Signature: _____

Date: _____

Signature: _____

Date: _____

AWA Representative: _____