

Annie's Orphans

Gaithersburg, MD

Phone: (757) 753-6864

Email: AnniesOrphan@yahoo.com

www.Annies.petfinder.com

ADOPTION APPLICATION

We strive to place each animal in a permanent and responsible home while finding a suitable pet for you and your family. The person who will be responsible for caring for the desired animal must complete this application.

Date: _____

Name of animal(s) you are applying for: _____

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Type of residence: House _____ Apartment _____ Mobile _____ Home _____ other _____

Do you RENT? _____ Landlord's Name & phone # _____

How many people live at this residence? _____ List all ages of children: _____

Does everyone in your household know that you're planning to adopt a pet? Yes___ No___

Employer: _____ Phone: _____ How Long: _____

If you are not employed, please explain your source of income: _____

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Please check all reasons you wish to adopt this pet:

Family Pet:___ Barn Cat:___ Guard Dog:___ Gift:___ Breeding:___ Companion for Other Pet:___

Other Reason: _____

Are you looking for an: Indoor pet? _____ Outdoor pet? _____

How often will your pet be alone? _____

Do you have a fenced area? Yes ___ No___ Approx size: _____

Are you aware that that annual vet care, vaccines, and treatments can cost \$300 -\$500 or more? Yes___ No___

Comments: _____

Is your family willing to accept any and all additional cost of owning a pet? Yes___ No___

Comments: _____

Do understand and accept that while we believe all adopted animals to be in good health, we cannot guarantee it and it is possible that medical care, at your expense may be necessary? Yes _____ No _____

Do you agree that Annie's Orphans may make inquiry of any animal at any time, and may visit your home for follow up information? Yes _____ No _____

PET HISTORY (past pets and present)

Name of Pet & Breed	Age	Spayed/ Neutered	Up to date on vaccines?	Do you still own this pet? (If No, please explain what happened to him/her.)

Have any of your pets died of leukemia, FIP, FIV, heartworm, parvo or any other unknown causes in the past 6 months? Yes _____ No _____

Name of Vet or Clinic: _____ City/State: _____

Vets Phone#: _____ Do we have permission to contact this vet? _____

Did/do your pets live inside or outside? _____ Where will THIS pet sleep? _____

Personal Reference: _____ Phone #: _____

I am capable of handling and interacting with the pet I propose to adopt. I am prepared to demonstrate this to the satisfaction of Annie's Orphans. I understand that completing this application is not a guarantee that I will be allowed to adopt a pet and that Annie's Orphans has the right and responsibility to deny any adoption. I acknowledge all information on this application is correct. I hereby give my permission to Annie's Orphans for verification of this information as a requirement of their review process.

Signature of Applicant: _____ Date: _____

Drivers License #: _____

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FOR OFFICE USE

Approved / Denied by: _____

If Denied, Reason: _____
