

ADOPTION APPLICATION

**Sanctuary Pet Information**  
(Hereafter known as "said pet" in this document)

Type of Pet: <input type="checkbox"/> Dog <input type="checkbox"/> Cat	Pet Name:
Breed/Description:	
Size:	Age:
Did you find them on our website? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If NO, which site?</i>	

**Applicant Information**

Last Name *:	First Name*:	
Street Address *:		
Address 2 *:		
City *:	State*:	Zip*:
Phone *    Home: * _____ Work: * _____ Cell* _____	Best time to contact you? <input type="checkbox"/> AM <input type="checkbox"/> PM	
Email Address*:		
No. of Adults in the home:	No. of Children in the Home?	
	Ages:	
Relationship Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Roommate(s)/Partner		
Spouse/Partner/Roommate agrees to adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If NO, please explain</i>		
No. of Pets currently in your household:    Dogs    Cats    Other		

**Employment Information**

Employment status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Student <input type="checkbox"/> Retired
Employer:
Employer Address
No. of years at present company?
Permission to Verify Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Reference (s)**

Reference Name: _____
Reference Phone: _____
Reference Email: _____
Veterinary Name *:
Veterinary Phone *:
Veterinary Email *:

**ADOPTION APPLICATION**

Residence Information	
Home: <input type="checkbox"/> Own <input type="checkbox"/> Rent	Time at current residence:
If Renting, Lease provisions or permission to have pets? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Landlord Name:	Landlord Phone:
Where do you live? <input type="checkbox"/> City/Town <input type="checkbox"/> Country/Acreage	Distance to nearest roadway?
Is your property fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of fence?
Height of fence?	Fence in good repair? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you DO NOT have a fence what arrangements will you have for the pet to exercise/toilet. Please explain.	
Swimming Pool? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Pet Living/Care Arrangements</b>	
Who will be the primary caretaker of this pet:*	
Can you make a lifetime commitment to this animal?* <input type="checkbox"/> Yes <input type="checkbox"/> No	
Someone home days? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If NO How many hours daily will the pet be alone? _____</i> <i>If NO Where will the pet be kept during the day? Be Specific _____</i>	
Will the pet be crated at night? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Where will the pet stay when the family is on vacation?	
If you move, what will you do with the pet?	
Action if the pet becomes destructive?	
Circumstances where you would NOT keep the pet. Please explain.	
How much time for companionship will you provide daily?	
Do you fully understand any stated health care requirements in the pet profile? (if applicable)	
Space for Additional comments or questions on adoption guidelines or fees:	
<i>By submitting this application to Perry's Orphans Sanctuary I understand the lifetime commitment I am making to the pet stated above (in the Sanctuary Pet Section) of my time, financial support, providing veterinary care for said pet in sickness and in health, to protect said pet from harm, to love said pet for the remainder of said pet's days on this earth. I accept and understand all/any existing health, special needs, or behavioral problems which the said pet has at this time. Should at any time in the future my circumstances change or I need to surrender said pet for any reason(s), I agree to return said pet to Perry's Little Orphans Sanctuary.</i>	

Your Initials: \_\_\_\_\_

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