I am interested in		
	(Pet's Name)	

APPLICATION FOR ADOPTION

(please note: an application does NOT guarantee adoption – please complete carefully and honestly. *Thank you!*)

Contact Information	tact Information Date:			
Full name:		Occupation:		
Address:		City	State	_ Zip
Home Phone: \	Nork Phone: _			
Cell Phone:	Best phone to	use and time to call		
Email address:			_	
How long at this address? Own?	_ Rent?	If you rent, please gi	ve the rules go	verning pets
and your landlord's name and number:				
(by providing this information you are allowing St them of this call, so they will speak with us)	tover Animal I	Rescue to contact you	ır landlord - p	lease inform
Family & Housing				
Is this adoption for: companion for adult companion	on for child	companion for pet g	ift replace	lost/deceased pet
How many adults are there in your family (and their re	elationship to y	ou)?		
How many children (ages)?				
What type of home do you live in (single family, town	home, apartm	ent, farm, etc.)?		
Do you have a yard? What size?			Fence	d?
Is your household: Active Noisy Quiet	Does anyone h	ave a known allergy to	cats dog	
Is everyone in agreement to adopt a pet? [Do you have tin	ne to provide adequate	love and atten	tion?
Explain				
Other Pets What other pets do you have (specify type and numb	er)?			
Are these pets up to date on vaccines? Are t	hese pets spay	ved/neutered?		
If not, why?				
Have you ever surrendered a pet? If so, why?				
Have you ever had a pet euthanized? If so, why?				
Have you ever lost a pet to an accident? If so, how?				
How do you discipline your pets and why?				

Veterinarian	
Do you have a regular veterinarian? Yes No W	Vould this be your first pet? Yes No
Veterinarian's name:	
Clinic Name:	
Clinic Address:	
Clinic Phone:	
(by providing Stover Animal Rescue with this information, y and ask them to authorize the release of information to	you are allowing us to contact your vet. Please call your vet Stover Animal Rescue.)
About the Pet You Wish to Adopt	
What is your idea of an ideal pet and why?	
Desired age: Desired adult size:	Desired breed:
•	would not adopt:
(By law, animals adopted from a shelter/rescue must be surg	
I am willing to adopt: an outgoing/hyper pet a shy p a pet that needs training a pet that needs gro	oming an older pet none of these
Where will the pet spend the day? (describe)	
Where will the pet spend the night? (describe)	
	Who will be responsible for this pet's daily care?
Who will have financial responsibility for this pet?	
Will you provide regular health care by a licensed Veterinal	
Will you keep the pet as an indoor member of the family?	
When the pet goes out, how do you plan to supervise it/kee	ep it safe?
Do you agree to contact Stover Animal Rescue if you can r Are you willing to let a representative of Stover Animal Res How did you hear about Stover Animal Rescue?	cue visit your home by appointment?YesNo
Would you be interested in fostering?YesNo	
Personal References Please list someone who is fa	
Name: Add	ress:
Phone: Relationsh	iprelativeneighborfriend other
Name: Add	ress:
Phone: Relations	hiprelativeneighborfriend other
All of the information I have given is true and complete with quality pet food, plenty of fresh water, indoor shel examination, any needed medical care and vaccination (Signature)	
(Signature)	(Date)

When completed, please return form to the rescue - or email to ${\bf stoveranimal rescue@gmail.com}$ Thank you!