



SAVE, A Friend to Homeless Animals

Pet Adoption Application

Our goal is to place our animals in permanent, loving homes. We pride ourselves on matching animals to adoptive families based on mutual suitability. Answering the questions on this application will assist us in finding you the right pet for your family.

Fields marked with an * are required

E-mail completed application to: SAVE@savehomelessanimals.org

Date: _____ Interested in: Dog Cat Name of pet you are interested in adopting *: _____

Name of Applicant*: _____ Email Address*: _____

Street*: _____

Home Phone*: _____

City, State, Zip*: _____

Cell Phone: _____

Are you over the age of 18*? Yes No

Do you*: Rent Own Live with Parents

Please list the names of everyone living in your household.
If there are children under the age of 18, please list their ages:

Live with roommates
Do you live in*: House Condo/Townhouse
 Apartment Dorm

(NOTE: if there are children under the age of 18, please list the children's ages)

1. Why are you looking to adopt a pet from us?*

Companion for me Companion for other pet A gift Watch dog/protection

Other: _____

2. On average, how many hours will your pet be alone each day? _____ Hours* _____ Days a Week*

3. Where will your pet stay during the day?*

Inside (house) Inside (garage/porch) Outside

4. Where will your pet stay at night?*

Inside (home) Inside (garage/porch) Outside

5. Who will be responsible for the care (feeding, grooming, exercise, training) of your new pet?*

Adults Children Pet Sitter Other: _____

6. Please circle all that apply to your family's lifestyle*:

Very active/on the go Quiet/relaxed Noisy/frequent visitors Travel frequently

7. What arrangements will you make for your pet while you are traveling?* _____

8. Have you owned a pet before? *

Yes If yes, please list the type of animal(s): _____ No

Please list all of the animals you currently have in your home:

| Name | Type/Breed | Age | Sex | Spayed/Neutered |
|-------|------------|-----|-------|-----------------|
| _____ | | | M / F | Y / N |
| _____ | | | M / F | Y / N |
| _____ | | | M / F | Y / N |
| _____ | | | M / F | Y / N |

9. Veterinarian: _____

I will take my new pet for annual vet visits and vaccinations. * YES NO

10. Have you ever had to give up a cat or dog, or release a pet to a shelter? * YES NO

If yes, why? _____

11. Under what circumstances would you consider giving up your pet? *

12. Will you seek professional help if there are behavioral problems with your new pet? * YES NO

13. Do you have a contingency plan in place for your new pet if something were to happen to you? * YES NO

Please list plan: _____

14. Do any members of your household have allergies to pets? * YES NO

If yes, please list: _____

15. If interested in a CAT ADOPTION:

a. Do you intend to de-claw the cat you adopt? YES NO

b. Will your cat be allowed to go outside? YES NO

16. If interested in DOG ADOPTION:

a. Do you have a fenced in yard? YES NO

i. If yes, how high is your fence? _____ feet

ii. What type of fence is it? Wood Chain link Electric Other _____

b. If not, how do you plan to exercise and/or confine your dog to your property? _____

I hereby give SAVE, A Friend to Homeless Animals access to all veterinary records of any and all animals I own or have owned. I give my consent for SAVE to contact the references listed above to inquire into the history of previously or currently owned animals. If approved, SAVE will keep this application for six months. I certify that all the information in this application is true and I understand that false information may void the application.

Completion of this application in no way guarantees acquisition of a specific pet. All adoptions are finalized at the discretion of management. SAVE reserves the right to deny approval of any adoption.

Signature _____ Date: ___/___/___

If you have any questions, or have not been contacted within a week of your application, please contact us at 609-309-5214.