



COMPASSIONATE HEARTS ANIMAL RESCUE

P.O. BOX 353
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 www.CHARofpa.com
 CHARofpa@comcast.net

DATE _____
TIME _____
ACC _____
Office Use Only

APPLICATION FOR ADOPTION

NAME _____ SPOUSE/PARTNER/ROOMMATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ ALT PHONE _____

EMPLOYMENT _____ OCCUPATION _____

AGE: OVER 21 YES NO

OWN

RENT IF SO, PLEASE PROVIDE LANDLORD INFORMATION FOR CONTACT
 NAME _____ PHONE _____

LIVE WITH PARENT/GUARDIAN IF SO, PLEASE LIST NAME FOR CONTACT
 NAME _____ PHONE _____

CHILDREN LIVING IN HOME:
 NUMBER _____ AGES _____ EXPERIENCED WITH PETS? _____

HOME TYPE: (CIRCLE ONE) APARTMENT DUPLEX CONDO/TOWNHOUSE
 SINGLE HOME MOBILE HOME OTHER (EXPLAIN) _____

YARD SIZE _____ FENCED? _____ COMMUNITY RESTRICTIONS? _____

PET OF INTEREST: (CIRCLE ONE) PUPPY DOG KITTEN CAT

FIRST CHOICE:
 NAME _____ BREED _____ SEX _____

SECOND CHOICE
 NAME _____ BREED _____ SEX _____

PREAPPROVAL FOR PET OF CHOICE (PENDING HOME VISIT FOR PUPPY/DOG):
 LOOKING FOR: (CIRCLE ONE) PUPPY DOG KITTEN CAT
 AGE _____ BREED _____ SEX _____
 OTHER _____

PLEASE LIST 2 PERSONAL REFERENCES NOT RESIDING WITH YOU AND THEIR RELATIONSHIP TO YOU:

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

DO YOU HAVE ANY CURRENT/PREVIOUS PETS (LAST 5 YEARS) _____

DOGS:

NAME _____ AGE _____ BREED _____ SEX _____

NAME _____ AGE _____ BREED _____ SEX _____

NAME _____ AGE _____ BREED _____ SEX _____

CATS:

NAME _____ AGE _____ BREED _____ SEX _____

NAME _____ AGE _____ BREED _____ SEX _____

NAME _____ AGE _____ BREED _____ SEX _____

WERE THEY? (CIRCLE ONE) PURCHASED ADPOTED INHERITED STRAY
IF ANY LISTED ARE DECEASED, PLEASE EXPLAIN WHAT HAPPENED TO
THEM _____

ANY PHYSICAL PROBLEMS? _____

ANY BEHAVIORAL PROBLEMS? _____

DO THEY GET ALONG WITH OTHER PETS? _____

VETERINARIAN INFORMATION:

NAME _____

PRACTICE NAME _____

ADDRESS _____

PHONE _____

APPLICATION INFORMATION: ALL OF THE INFORMATION THAT I/WE HAVE PROVIDED IN THIS APPLICATION FOR ADOPTION IS TRUE AND CORRECT. SHOULD ANY INFORMATION CHANGE DURING THE PROCESS, I/WE WILL NOTIFY YOU PROMPTLY.

INTENTION: I/WE INTEND TO PROVIDE A SAFE, LOVING HOME FOR THE DURATION OF OUR PET'S LIFE, WHICH INCLUDES INDOOR LIVING, ROUTINE MEDICAL SUPPORT AND PLENTY OF LOVE.

VET CHECK: I/WE GIVE PERMISSION FOR CHARofPA TO CONTACT MY/OUR VETERINARIAN TO VERIFY MEDICAL RECORDS OF EXISTING PETS AND/OR PREVIOUS PETS.

PLEASE CONTACT YOUR VET TO AUTHORIZE THE RELEASE OF YOUR PET'S RECORDS.

HOME VISIT: SHOULD MY/OUR APPLICATION BE APPROVED, I/WE WILL CONSENT TO A HOME VISIT WITH MY/OUR PERSPECTIVE PET AS PART OF THE ADOPTION PROCESS.

BY SIGNING THIS, I/WE CONFIRM THAT I/WE HAVE NEVER HAD A PET TAKEN FROM US FOR CRUELTY OR NEGLECT OR BEEN INVESTIGATED FOR ANY CRUELTY OR NEGLECT ISSUES.

SIGNATURE _____ SIGNATURE _____
DATE _____ DATE _____