Visit **www.animalwelfareleague.com** email applications to adoptions@animalwelfareleague.com

ANIMAL WELFARE LEAGUE

OFFICE USE ONLY ◯APPROVED ◯DENIED

Restrictions/ Comments: _____

_____

_____

ANIMAL WELFARE LEAGUE ADOPTION APPLICATION

Have you adopted from us before? _____ How long ago? _____

If so, where is the pet now? _____

First name: _____ Last name: _____

Address: _____ Apt/ Lot # _____ City: _____ State: _____ Zip: _____

Cell phone: _____ Home phone: _____ Other phone: _____

Driver's License or State Identification No: _____

Email address: _____

Do you: ◯Own ◯Rent ◯Live with parents Parent/ Landlord Name & Cell No_____

Is your residence a: ◯House ◯Apartment ◯Condo/ townhouse ◯Mobile home ◯Dormitory

How long have you lived at this address? _____ How many adults (18 years & older)? _____

How many children live full time? _____ Part time? _____ Ages of all children:_____

Your reason for getting or wanting an animal? _____

Why would you want to adopt from us? _____

Who will be the primary person responsible for the new pet? _____

Do you: ◯Work Full time ◯Work Part time ◯Attend School ◯Retired ◯Other: _____

Does your spouse/ partner: ◯Work Full time ◯Work Part time ◯Attend School ◯Retired ◯Other: _____

How many hours a day will your pet be home alone? _____

Where will you keep your pet when nobody is home? _____

Where will your pet be during the day?_____ At night?_____

Do you have a fenced backyard? ◯YES ◯NO; If yes, what height & type?_____

Do you plan on letting the pet outside, alone? ◯YES ◯NO; If yes, for how long? _____

Pets need time to adjust to a new home. How much time will you give your new pet to adjust? Answer in hours, days, weeks or months. _____

What would be unacceptable behavior which would cause you to give up your pet: _____

_____

PLEASE LIST OF ALL THE ANIMALS YOU HAVE HAD OVER THE LAST 5 YEARS

Type of animal/ Breed	Age	Sex	Spayed/ Neutered?	Kept where	Still Own?	If not, what happened to pet?
			YES NO		YES NO	
			YES NO		YES NO	
			YES NO		YES NO	
			YES NO		YES NO	
			YES NO		YES NO	

What are your beliefs about spaying/ neutering? _____

Have you ever had an animal die at an early age or die due to an accident? YES NO; If yes, what happened?_____

_____

Complete this section only if looking to adopt a DOG:

Do you plan on allowing the dog off leash? YES NO; If yes, where? _____

Are you willing to crate train, if necessary? YES NO

How long will you obedience-train your dog? _____

Complete this section only if looking to adopt a CAT:

What will you do if a new cat starts scratching furniture? _____

Will you let your cat go outside? YES NO; if yes, for how long? _____

What will you do if your cat stops using the litter box? _____

I hereby acknowledge and recognize the possible risk in viewing shelter animals and that it can lead to serious injury or even death. I hereby understand and assume the responsibility of any and all liability and risks while visiting the Animal Welfare League. I hereby waive and release the Animal Welfare League, its agents and representatives, from any and all claims which may accrue to me, my heirs, my guardians, administrators, executors or assignees, including my attorney's fees and court (collecting cost claims) arising out of or in connection with visiting the Animal Welfare League or viewing animal(s) for adoption. I also grant permission to the Animal Welfare League and its authorized agents to use my name, image and any other record of my participation.

Animal Welfare League reserves the right to refuse *any* adoption at *any* time and deny any persons for adoption.

Signature:_____ **Date:** _____

Please list below name of animal and ID No of animal(s) you are interested in:

Name of animal	Animal ID Number for website