

TREASURED ANIMAL RESCUE, INC

ADOPTION APPLICATION

Please email back to: treasuredanimalrescue2@gmail.com

Name of Treasured Gem you are applying for: _____

Name: _____

Address: _____

Cell Phone: _____

Home Phone: _____

Email: _____

What is your Age: _____

Type of residence:

___ Own ___ Rent ___ Apartment

___ House ___ Town home

Fenced/Not Fenced – Yes/No

If fenced – how high & type: _____

Landlord's name: _____

Landlord's phone: _____

Number of People in household Total: ___

Number of Adults ___ Number of Children: ___

Age of Children: _____

How long have you been considering adopting an animal? _____

Why are you interested in adopting? Check all that apply:

___ Companion for Self ___ Companion for Family

___ For Breeding ___ Gift

- | | |
|---|--|
| <input type="checkbox"/> For Protection | <input type="checkbox"/> For Child |
| <input type="checkbox"/> Replace Previous Pet | <input type="checkbox"/> Companion for Another Pet |
| <input type="checkbox"/> Therapy/Service Pet | <input type="checkbox"/> Barn Cat/Kitten |
| <input type="checkbox"/> Other | Please specify _____ |

Is this your first pet? Yes No

Do you currently have other pets? Yes No

If yes, please list current pets and how long you have had them:

How do you plan to introduce the new pets to the household?

How will you handle the following potential situations?

Family allergy to pet: _____

Pet medical expenses: _____
(emergencies or diagnosed _____
medical condition) _____

Moving: _____

Are you prepared to spend several weeks or, perhaps months, waiting for your new pet to adjust to a new environment? Yes No

Explain how would you give your new pet time to adjust:

Will your new adopted pet be an indoor or outdoor pet? _____

What is the longest duration your adopted pet be left unattended outside? _____

How many hours a day will your pet spend away from you: _____

How will your newly adopted pet spend their days? _____

What brand/type of food do you plan on feeding your new pet: _____

Do you plan on enrolling your new pet in obedience training, if so, where? Yes No

Who will be the primary caregiver for the newly adopted animal?

Have you ever turned an animal into a shelter (non-kill/kill), if yes, please explain?

Cat Owners/Adopters:

Are your cats declawed? Yes No

Do you plan on declawing your adopted cat/kitten? Yes No

Where will you put the litterbox? _____

Which of the following behaviors would present a problem for you or your family and explain how you would handle each situation: (please check off and explain)

jumping on furniture/ counter tops/ tables

Your reaction: _____

scratching/ biting/ ripping furniture

Your reaction: _____

chewing / garbage/ other

Your reaction: _____

barking

Your reaction _____

aggression

Your reaction _____

play biting

Your reaction: _____

How will you correct your adopted pet if it does the following?

Urinates/ defecates inside the house: _____

Does not use litterbox: _____

Keeps you awake at night: _____

Sheds Excessively: _____

Destroys an expensive item: _____

Please provide your current Veterinarian information:

Name: _____

Address: _____

Phone: _____

Please provide three references and their phone numbers:

<u>Name</u>	<u>Phone Number</u>

I certify that all information provided in this contract is correct and accurate. If this application leads to an opportunity to adopt an animal from Treasured Animal Rescue, Inc. I understand that false or misleading information in my application or interview may result in the termination of my ability to adopt.

Signature: _____

Date: _____

“Restoring an Animal’s Diamond Soul”

Treasured Animal Rescue, Inc

P.O. Box 4441

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