

ADOPTION APPLICATION

Name of animal that interests you: _____ Dog or cat? _____

Vincent Animal Orphanage (VAO) is committed to enriching the lives of our animal friends who may be without shelter, food, care, or love -- regardless of age, natural beauty, or condition -- and to find them temporary and permanent homes. Our animals are living beings entrusted to our care. It is our responsibility to find the best possible homes for them and meet their individual needs. We match animals to suitable families, not families to suitable animals. There is a difference. The animals are our priority, and for this reason...

Vincent Animal Orphanage reserves the right to refuse adoption or placement to anyone. Adoption approval or refusal decisions are made solely at the discretion of VAO. Falsifying information on the application will result in disqualification from the adoption. Initial: _____

PERSONAL INFORMATION

Name: _____ Gender: _____ Age: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: home: _____ work: _____ mobile: _____

Email address: _____

RESIDENCE INFORMATION

| | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------|----------------------------------------------------------|---------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Own | <input type="checkbox"/> House | <input type="checkbox"/> Apartment | <input type="checkbox"/> Townhouse | <input type="checkbox"/> Duplex | <input type="checkbox"/> Mobile home | <input type="checkbox"/> Dorm |
| <input type="checkbox"/> Rent | <input type="checkbox"/> Other (describe) | | | | | |
| If you rent, provide the name and telephone number of your landlord for pet permission and verification. | | | | Name: _____ | | |
| | | | | Phone: _____ | | |
| How long have you lived at this address? | | | | Do you plan to move in the next year? | | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Does your valid driver's license reflect your current address? | | | | | <input type="checkbox"/> yes <input type="checkbox"/> no | |
| Do you have a fenced yard? <input type="checkbox"/> yes <input type="checkbox"/> no | | How high is the fence? _____ ft | | How large is the yard? _____ sq ft | | |
| Is the gate kept locked? <input type="checkbox"/> yes <input type="checkbox"/> no If not, explain why it would not be locked. | | | | | | |
| Do you have a pool, pond, fountain, or other water feature in the yard? | | | | | <input type="checkbox"/> yes <input type="checkbox"/> no | |
| Is the feature secured behind a locked gate? | | | | | <input type="checkbox"/> yes <input type="checkbox"/> no | |
| Do you have a cat flap or doggie door installed? | | | <input type="checkbox"/> yes <input type="checkbox"/> no | Do you plan to have one installed? | | <input type="checkbox"/> yes <input type="checkbox"/> no |

HOUSEHOLD INFORMATION

| | | | |
|---------------------------------------------------|-------|--------------------------------------------------|-------|
| Total number of adults living in the household | _____ | Total number of children living in the household | _____ |
| Ages of children living in the household | _____ | _____ | _____ |
| Ages of children regularly visiting the household | _____ | _____ | _____ |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Is anyone living in or visiting the household allergic to animal/pet dander? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| If so, what measures do you plan to take? | |
| Is everyone in your household willing to care for and respect the pet? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Is there a smoker or anyone who uses tobacco products in the household? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Do you agree to permit a home visit upon request from VAO for any reason? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Do you agree to participate in adoption follow-up interviews at 6 months and at 12 months with home visits undertaken at the discretion of VAO and are you aware that if we do not believe the pets are being properly cared for we have the right to take them back without reimbursement of the adoption fee. | <input type="checkbox"/> yes <input type="checkbox"/> no |

FINANCIAL RESPONSIBILITY

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|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Are you able and willing to spend the time and money necessary to provide medical attention and properly care for your new pet? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| To provide food, supplies, vaccinations, registration, and medical care for this pet, how much do you plan to spend annually? | |
| Employer: | How long employed there? |
| Address: | Phone: |
| | Supervisor: |

MOTIVATION FOR ADOPTING

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|-----------------------------------------------|-------------------------------------------|------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Personal companion | <input type="checkbox"/> Family companion | <input type="checkbox"/> Companion for a child | <input type="checkbox"/> Companion for other pet |
| <input type="checkbox"/> Gift | <input type="checkbox"/> Protection | <input type="checkbox"/> Breeding | <input type="checkbox"/> Other |
| What attracted you to this particular animal? | | How long do you plan to keep this animal? | |

MOTIVATION FOR RELEASING A PET

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|------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Have you ever had to surrender a pet? If yes, To whom did you surrender the pet to and why? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| What was the impact on your household as a result of the surrender? | |
| For what reasons would you ever have to release a pet back to VAO? | |

HOME ROUTINES and TRAINING

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------|
| The pet will be kept <input type="checkbox"/> inside <input type="checkbox"/> inside mostly <input type="checkbox"/> both inside and outside <input type="checkbox"/> outside mostly <input type="checkbox"/> outside | | |
| Will the pet be crated at any time? | <input type="checkbox"/> yes <input type="checkbox"/> no | How many hours/day? |
| Will the pet be left outside at any time? | <input type="checkbox"/> yes <input type="checkbox"/> no | How many hours/day? |
| Are you away throughout the day/night? | <input type="checkbox"/> yes <input type="checkbox"/> no | How many hours/day will the pet be alone? |
| Do you travel frequently? | <input type="checkbox"/> yes <input type="checkbox"/> no | If yes, who will care for the pet? |
| Do you plan obedience/training for the pet? | <input type="checkbox"/> yes <input type="checkbox"/> no | Where will the pet sleep at night? |

HEALTH CARE and SAFETY

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|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------|---------------------------------------|----------------------------------------------------------|
| What physical alterations do you plan? | <input type="checkbox"/> De-clawing | <input type="checkbox"/> Ear-cropping | <input type="checkbox"/> Tail-docking | <input type="checkbox"/> Other |
| What identity measures do you plan? | <input type="checkbox"/> Microchip | <input type="checkbox"/> Tattoo | <input type="checkbox"/> Tags | <input type="checkbox"/> Other |
| What are your opinions on spaying and neutering? | | | | |
| Why should a cat be de-clawed on all four paws? | | | | |
| What are the pet limits, if any, in your city? | | | | |
| Do you understand that you must take your companion pet to the veterinarian every 6-12 months for regular check-ups and routine vaccinations? | | | | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Do you understand that your pet must be maintained on heartworm preventative medication, such as Trifexis, Iverhart, Heartgard, or Revolution? | | | | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Do you give VAO authorization to contact your veterinarian and confirm that your pets are current on all vaccinations, testing and prevention? | | | | <input type="checkbox"/> yes <input type="checkbox"/> no |
| What is your nearest after-hours emergency animal clinic? | | | | |
| What will you do if the pet requires expensive medical care? | | | | |

BEHAVIOR and GROWTH ISSUES

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| If this pet develops behavior problems, such as scratching, clawing, chewing, digging, or failure to use litter box, what measures will you take to restore proper behavior? Please explain. | | | | |
| If this pet grows larger than you expect, what will you do? | | | | |
| Do you and others in your household understand and accept that training or behavior modification does <u>not</u> include beating, throwing, yelling, striking, or the infliction of pain? | | | | <input type="checkbox"/> yes <input type="checkbox"/> no |
| How long do you expect the pet to take to adjust to its new surroundings? | | | | |

CURRENT OR PREVIOUS PET INFORMATION

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| Is this your first experience with a pet? | <input type="checkbox"/> yes <input type="checkbox"/> no | If no, how long have you owned pets? |
| What is the name of you current Vet? | | |
| Location: | Phone Number: | |

List all animals currently living in the household

| Name | Dog or Cat | Sex | Age | Current on Vaccines? | From whom did you obtain pet? | When? | Inside, Outside, Both | Spayed Neutered | De-clawed | Special Needs |
|------|------------|-----|-----|----------------------|-------------------------------|-------|-----------------------|-----------------|-----------|---------------|
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List all animals no longer living in the household

| Name | Species | Sex | Age | Why is the animal no longer living in the household? | When? | Inside, Outside, Both | Spayed Neutered | De-clawed | Special Needs |
|------|---------|-----|-----|------------------------------------------------------|-------|-----------------------|-----------------|-----------|---------------|
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I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT GIVING FALSE INFORMATION OR WITHOLDING INFORMATION ON THIS APPLICATION WILL BE CONSIDERED A VIOLATION OF THE ADOPTION AGREEMENT AND RESULT IN THE SWIFT RECLAMATION OF THIS ANIMAL BY ANIMAL CARROLLTON ANIMAL HOSPITAL (VAO). I ALSO UNDERSTAND THAT THIS INFORMATION AND ANY INFORMATION RELATED TO MY ADOPTION OF A COMPANION ANIMAL MAY BE SHARED WITH OTHER RESCUE ORGANIZATIONS AT THE DISCRETION OF VAO. BY SUBMITTING THIS APPLICATION I GIVE PERMISSION FOR VAO TO INVESTIGATE AND CONFIRM THE INFORMATION THAT I PROVIDE.

APPLICANT: _____ DATE: _____