



Innocent Angels Sanctuary

ADOPTION APPLICATION

Pet Name: _____ Date: _____

ADOPTER INFORMATION

Name: _____

Phone Number (Home): _____ Phone Number (Mobile): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Adopter Employer: _____

Other Sources of Income: _____

CO-ADOPTER INFORMATION

Check here if there is no co-adopter: If there is a co-adopter, please fill out below:

Name: _____

Phone Number (Home): _____ Phone Number (Mobile): _____

Email Address: _____

Co-Adopter Employer: _____

Other Sources of Income: _____

How long have you been at your current address? _____

Do you rent or own your home? Own Rent *If you rent, please provide the following:*

Are you allowed to have pets in your home? Yes No

Landlord/Manager Name: _____

Landlord/Manager Phone Number: _____

Landlord/Manager Address: _____

City: _____ State: _____ Zip Code: _____

Do you have a secure, fenced yard? Yes No

Where will you keep the pet? Inside Outside Both

If you move to a new home, will you take the pet with you? Yes No

If adopting a cat or kitten, are you planning to declaw? Yes No

Is this pet for you? Yes No If no, who is the pet for? _____

Have you ever had a pet? Yes No *If yes, please provide the following:*

What kind(s) of pets have you had before? Dog Cat Other: _____

Do you still have the pet(s)? Yes No *If no, please explain:*

Do you or others in your household have any known pet allergies? Yes No

If yes, please explain: _____

Do you or others in your household suffer from asthma? Yes No

If yes, please explain: _____

Do you travel often? Yes No *If yes, please provide the following:*

Do you plan to take the pet with you when you travel? Yes No

If no, who will take care of your pet while you are away? _____

Do you have children? Yes No *If yes, what are their ages?* _____

Pets may scratch or bite (especially a playful puppy or kitten). If you or a member of your household receives a scratch or bite, would this be a reason to return your pet to the shelter? Yes No

Would normal wear and tear on household items be a reason to return your pet? Yes No

Do you have a veterinarian? Yes No *If yes, name of vet/clinic:* _____

The lifespan of a cat or a dog may be 15 years or more. Are you willing and financially able to care for your pet's food, medical expenses, supplies, etc. for the pets' natural life? Yes No

Do you have someone who will care for this pet if you are unable to for any reason? Yes No

Caregiver Name: _____

Phone Number: _____ Address: _____

City: _____ State: _____ Zip Code: _____

How did you hear about us? Event: _____ Word of Mouth

Facebook Website Instagram Other: _____

The potential adopter(s) hereby understands and agrees that all adoption fees for this pet are not refundable. Additionally, the potential adopter(s) understands and agrees that if this adopted pet is not compatible with their household or the adoption does not work out for any reason, the pet is to be returned to Innocent Angels Sanctuary only. If the adoption does not work out, the adopter may exchange the pet for a different pet within 1 year of the date of adoption, pending approval. The potential adopter(s) also understand and agree that filling out this application is not a guarantee that the application will be approved. The potential adopter(s) will be notified once a thorough review of the application has been conducted by Innocent Angels Sanctuary staff or volunteers.

I have read and agree to the terms and conditions stated above.

Adopter Printed Name: _____ Signature: _____

Co-Adopter Printed Name: _____ Signature: _____