



705-481-7783

www.Rescue1ataTime.com

Rescue1ataTime@gmail.com

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|--------------------|
| Office Use: |
| Reviewed By: _____ |
| Approved: Y / N |
| Notes: |

Adoption Application

Name of Applicant: _____ Date: _____

Address: _____

Phone: Home: _____ Cell: _____ E-mail: _____

How many adults (16+) in household: _____ Children _____ Age(s) of children: _____

Pets in Household (species & ages): _____

Species you would like to Adopt : *Dog / Cat* Name of animal you wish to Adopt: _____

Home is : Owned / Rented - If rental, does your lease allow pets? Yes / No

How long at current address? _____

Current Veterinarian: _____ Phone: _____

Owner name on file with your vet if different than applicant : _____

How many hours a day will (s)he be left alone? _____ Where will (s)he be kept when alone? _____

Where will (s)he go when you are away for extended periods? _____

Placing pets in the best possible home is our goal. We reserve the right to refuse applicants if we feel that the environment may not be suitable for the pet. We will review all applications and choose the one that we feel will best suit the needs of the individual animal. Pets will not be adopted out the same day as the application is made. Once your application had been reviewed, we will contact you and if accepted you will be invited back to finalize the adoption and pick up your new family member. By signing below, you authorize Rescue 1 at a Time to contact your veterinarian for a reference. We ask that once you have submitted your application that you contact your veterinarian and let them know we may be calling and that they may speak with us.

Signature of applicant

Date