



Supporting animals and their owners through tough times.

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Pet Adoption Application Form

Thank you for your interest in adopting a rescued animal. Your honest responses to the questions on this form are necessary for us to determine the suitability of a particular pet for your home. We only place our adoptable animals in homes that can provide concrete evidence that the adopter will provide the animal a safe, healthy and happy home for the rest of its life. Incomplete applications will be disqualified, so please take the time to be thorough in responding. Since the animal will be offered at no charge, The Animal Support Project reserves the right to make the final decision on the animal's placement.

Applicant Name: Last:

First:

MI:

Street Address:

City:

State:

Zip Code:

Occupation:

Home Phone:

Work Phone:

Cell Phone:

Email Address:

Your Animal Interests: If you are interested in a particular animal from our available pet list, please specify here:

Please indicate the species of animal you hope to adopt from us

Please indicate the features you are seeking in a pet:

Gender: M F Age Range:

Breed:

Size At Maturity: XS S M L XL Any

Energy Level:

Check the specific features below that you require in your pet:

- | | | |
|---|---|--|
| <input type="checkbox"/> Good with kids | <input type="checkbox"/> Good with cats | <input type="checkbox"/> Good with other dogs |
| <input type="checkbox"/> Playful | <input type="checkbox"/> Easy to Train | <input type="checkbox"/> Good in crate |
| <input type="checkbox"/> Allergy-friendly | <input type="checkbox"/> House broken | <input type="checkbox"/> Longhair <input type="checkbox"/> Shorthair |
| <input type="checkbox"/> Travels well | <input type="checkbox"/> Friendly | <input type="checkbox"/> Obedient |

Check the features below you would not be willing to accept in a pet:

- | | | | |
|--|-------------------------------------|--|--|
| <input type="checkbox"/> Barking | <input type="checkbox"/> Chewing | <input type="checkbox"/> Lethargy | <input type="checkbox"/> Very active |
| <input type="checkbox"/> Dominant | <input type="checkbox"/> Shy/Timid | <input type="checkbox"/> Afraid to be left alone | |
| <input type="checkbox"/> Overly friendly | <input type="checkbox"/> Protective | <input type="checkbox"/> Roaming | <input type="checkbox"/> Powerful |
| <input type="checkbox"/> Special Medical Needs | | <input type="checkbox"/> Elderly | <input type="checkbox"/> Tugs on leash |
| <input type="checkbox"/> Sits on furniture | | | |

Please tell us why you want to adopt an animal at this time:

Your Life: How many adult humans live in your home?

Do you have children under age 18 living in the home?

If yes: How many? What are their ages?

What other animals live in the home (species, breed, age, name, gender and spayed/neutered)?

Species	Breed	Name	Age	Gender	Spayed/Neutered

Please check your choice below regarding your living accommodations:

I live in a: house apartment town house/condo motor home trailer

I: own rent.

If renting, my landlord will be available to meet with a TASP volunteer prior to adopting:

Yes No

Landlord's name _____ and phone number: _____

My yard: is fenced is not fenced.

The animal will be alone for _____ hours per day.

Does anyone in your house smoke tobacco or other products?

Prior Experience with Animals:

Please list below the following details for each animal you have owned in the past: species, breed, age, gender, name, spayed/neutered, and current status. If deceased, how did the animal die and how old was it when it died? If surrendered to a shelter/rescue, which shelter/rescue was the animal surrendered to and why?

Please describe how you will discipline the animal when it misbehaves.

Please check your choice below to truthfully complete the following statements:

I: am am not experienced with crate training a dog or cat.

I: am am not willing to crate train my animal.

I: have have not euthanized an animal in the past.

I: do do not have experience with obedience training an animal.

I: am am not willing to hire a trainer or behaviorist if necessary for evaluating and/or dealing with any manageable behavior issues that may develop in the animal I adopt.

My animal will typically be kept: indoors outdoors.

Veterinary & Community Matters:

Please provide your veterinarian's name, address and phone number here:

Name:

Address:

Phone Number:

Will your animal be exposed to other animals who do not live on your premises? Yes No
If yes, please explain.

Please provide name and contact information for two personal references:

Person 1: Name: _____ Phone Number: _____

Person 2: Name: _____ Phone Number: _____

Applicant's Signature _____ Date _____

For internal use only:

Submitted by TASP Volunteer Name _____

Signature _____

Reviewed by _____ Date _____

Vet Reference completed on date _____

Landlord Reference completed (if required) on date _____

Personal References completed on date _____

Home Visit scheduled for date _____ Completed on date _____