



Supporting animals and their owners through tough times.

PO Box 68, Cropseyville, NY 12052 Tel.: 518-727-8591 FAX: 518-663-8199 email: taspinfo@yahoo.com

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 | | | |

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 _____