



Aardvark Animal Rescue

ADOPTION APPLICATION

139 Wallace Avenue
Downingtown, Pa 19335
#610-269-2226
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aardvarkrescue.com

NAME OF ANIMAL YOU ARE INTERESTED IN: _____

YOUR NAME:

YOUR ADDRESS:

RESIDING COUNTY:

EMAIL ADDRESS:

HOME PHONE:

CELL PHONE:

LENGTH OF TIME AT CURRENT RESIDENCE:

DO YOU OWN OR RENT:

TYPE OF HOUSING (CHECK ONE):

SINGLE FAMILY _____ TOWNHOME _____ CONDOMINIUM _____

APARTMENT _____ OTHER (EXPLAIN) _____

IF RENTING DO YOU HAVE YOUR LANDLORD/MANAGEMENT COMPANY'S PERMISSION TO HAVE PETS?

IF SO, HOW MANY?

ARE THERE ANY WEIGHT, SIZE OR BREED RESTRICTIONS SET BY YOUR LANDLORD?

PLEASE PROVIDE YOUR LANDLORD'S NAME AND CONTACT INFORMATION:

IF YOU OWN YOUR HOME DOES YOUR NEIGHBORHOOD OR CITY HAVE ANY WEIGHT, SIZE OR BREED RESTRICTIONS?

NAMES AND AGES OF ALL MEMBERS OF YOUR HOUSEHOLD:

ARE THERE CHILDREN UNDER THE AGE OF 10 THAT VISIT FREQUENTLY? Y/N IF SO,
WHAT ARE THEIR AGES AND THEIR RELATIONSHIP TO YOU:

PLEASE EXPLAIN YOUR EXPERIENCE WITH PETS AS AN ADULT?

IF YOU HAVE CHILDREN UNDER THE AGE OF 10 WHAT IS THEIR EXPERIENCE WITH PETS?

IF YOU HAVE YOUNG CHILDREN, THEY NEED TO BE EDUCATED ON HOW TO INTERACT
WITH A PET TO PREVENT INJURY TO CHILDREN OR TO THE ANIMAL. ARE YOU WILLING
AND ABLE TO DO THAT?

ARE YOU PREPARED TO SUPERVISE THE ANIMAL WITH SMALL CHILDREN?

IS ANYONE IN YOUR HOME ALLERGIC TO PETS?

ARE YOU OR DO YOU ANTICIPATE ANY MAJOR CHANGES TO YOUR HOUSEHOLD IN THE
NEAR FUTURE? (HAVING A BABY, CHANGING JOBS, MOVING, RETIRING, ADOPTING
ADDITIONAL PETS ETC) IF SO, PLEASE EXPLAIN:

APPLICANT EMPLOYMENT INFORMATION:

APPLICANT OCCUPATION:

EMPLOYER:

STATUS (CHECK ONE):

FULL TIME _____ PART TIME _____ RETIRED _____ SELF-EMPLOYED _____

WORK/STAY AT HOME _____ STUDENT _____

OTHER (EXPLAIN) _____

IS EVERYONE IN THE HOUSEHOLD AWARE THAT YOU ARE INTERESTED IN GETTING A
PET?

DOES EVERYONE IN THE HOUSEHOLD WANT A PET?

HAVE YOU OWNED ANY PETS AS AN ADULT?

WHAT PETS DO YOU CURRENTLY HAVE IN YOUR HOUSEHOLD?
(DESCRIBE SPECIES, SPAYED/NEUTERED, TIME OWNED AND AGE)

VETERNARIAN NAME, ADDRESS AND PHONE NUMBER:

HOW LONG HAVE YOU USED THIS VET?

DOES THIS VET PROVIDE EVERYTHING FOR YOUR PET OR DO YOU USE A MOBILE CLINIC?
IF YES, PROVIDE NAME OF CLINIC:

ARE ALL OF YOUR CURRENT PETS UP TO DATE ON THEIR VACCINATIONS?

ARE ALL OF YOUR CURRENT PETS UP TO DATE WITH HEARTWORM AND FLEA/TICK
PREVENTATIVE?

WHY DO YOU WANT A PET? (CHECK ONE) FAMILY _____ GIFT _____ PROTECTION _____
HUNTING _____
PLEASE EXPLAIN:

HAVE YOU EVER GIVEN A PET OF YOURS AWAY OR SURRENDERED TO A SHELTER?
IF SO, WHY?

UNDER WHAT CIRCUMSTANCES WOULD YOU CONSIDER GIVING UP YOUR NEW PET?

WHO WOULD BE THE MAIN CAREGIVER OF THIS PET?

WHO WOULD BE FINANCIALLY RESPONSIBLE FOR THIS PET?

HOW WOULD YOUR PET BE CARED FOR IN OVERNIGHT ABSENCES OR VACATIONS?

IF YOU MUST MOVE WILL YOU TAKE YOUR ANIMAL WITH YOU?

HOW MANY HOURS A DAY WILL YOUR PET BE LEFT ALONE?

WHERE WILL YOUR PET SPEND MOST OF IT'S TIME?

WHERE WILL YOUR PET BE KEPT DURING THE DAY?

WHERE WOULD YOUR PET SLEEP AT NIGHT?

HOW LONG WOULD THE PET BE ALONE EACH DAY?

IF ADOPTING A DOG, HOW WILL YOU PROVIDE EXERCISE?

ADOPTED AAR CATS ARE NOT PERMITTED OUTDOORS. ARE YOU WILLING AND ABLE TO HOUSE A CAT INDOORS ONLY?

IF YOU PLAN ON ADOPTING A CAT DO YOU PLAN TO DECLAW?

IF ADOPTING A DOG:

DO YOU HAVE A YARD?

IS IT A COMPLETELY FENCED YARD OR DO YOU USE AN ELECTRIC FENCE?

IF YOUR YARD IS NOT FENCED HOW DO YOU INTEND TO KEEP THE ANIMAL SAFE WHEN OUTDOORS?

IN THE EVENT THAT AARDVARK ANIMAL RESCUE FEELS THAT IT IS NECESSARY TO DO A HOME OR YARD CHECK, WOULD A HOME VISIT BE OK WITH YOU?

DO YOU UNDERSTAND THAT A BORED ANIMAL MAY ENTERTAIN ITSELF BY DIGGING, CHEWING HOME ITEMS, ESCAPING OR WANDERING?

HOW DO YOU PLAN TO DISCIPLINE YOUR NEW PET?

ARE YOU WILLING TO SEEK THE HELP OF A PROFESSIONAL FOR BEHAVIOR ISSUES WITH YOUR PET?

HOW DO YOU PLAN TO INTRODUCE YOUR NEW PET TO YOUR FAMILY AND ANY OTHER PETS IN THE HOUSEHOLD IF APPLICABLE?

PLEASE PROVIDE TWO REFERENCES THAT ARE NOT FAMILY MEMBERS:

REFERENCE ONE:

REFERENCE TWO:

I AM WILLING AND FINANCIALLY ABLE TO MAKE THE NECESSARY FINANCIAL COMMITMENT TO CARE FOR A DOG OR CAT BY PROVIDING VETERINARY CARE, INCLUDING ROUTINE VACCINATIONS AND PROPER NUTRITION FOR THE LIFE OF THE PET. YES NO

I UNDERSTAND THAT AN ANIMAL CAN LIVE 10-20 YEARS. AFTER GIVING CAREFUL THOUGHT AND CONSIDERATION TO ALL THE RESPONSIBILITIES OF PET OWNERSHIP AND MY FUTURE LIFESTYLE COMMITMENTS, I WOULD BE ABLE TO CARE FOR A PET THROUGHOUT IT'S ENTIRE LIFESPAN, WHICH COULD BE 10-20 YEARS. YES NO

I AM FULLY PREPARED TO MAKE THE COMMITMENT OF TIME TO CARE FOR A PET BY PROVIDING TRAINING, REGULAR EXERCISE, GROOMING AND HUMAN INTERACTION FOR THE LIFE OF A PET. YES NO

I UNDERSTAND THAT IT TAKES PATIENCE AND KINDNESS TO NURTURE AN ANIMAL. WILL YOU BE TOLERANT OF BEHAVIORS THAT MAY NEED WORK – HOUSEBREAKING, BARKING, SOCIALIZATION, ETC. AND WILLING TO GET PROFESSIONAL HELP IF NEEDED?
YES NO

THE ADOPTER AGREES THAT ALL FAMILY MEMBERS HAVE AGREED TO THE ADOPTION OF THE ANIMAL AND THAT ALL FAMILY MEMBERS WILL ABIDE BY THE TERMS OF THE AARDVARK ANIMAL RESCUE ADOPTION CONTRACT AGREEMENT. YES NO

THE ADOPTER REPRESENTS THAT NEITHER THEY, OR ANY MEMBER OF THEIR HOUSEHOLD, HAS NEVER BEEN SUBJECT TO LEGAL ACTION FOR CRUELTY OR NEGLECT OF ANIMALS. YES NO

I UNDERSTAND THAT IF FOR ANY REASON YOU BECOME UNABLE TO TAKE CARE OF THIS ANIMAL DO YOU AGREE TO RETURN HIM/HER TO AARDVARK ANIMAL RESCUE?
YES NO

I HEARBY AUTHORIZE MY VETERINARIAN TO RELEASE TO AARDVARK ANIMAL RESCUE, INFORMATION ABOUT MY VETERINARY RECORDS OF ANY AND ALL ANIMALS I OWN OR HAVE OWNED. I CERTIFY THAT ALL THE INFORMATION IN THE APPLICATION IS TRUE AND CORRECT AND I UNDERSTAND THAT FALSE INFORMATION MAY VOID THE APPLICATION. I UNDERSTAND THAT THE SUBMISSION OF AN APPLICATION IS IN NO WAY A GUARANTEE OF BEING APPROVED FOR ADOPTION. APPROVED APPLICANTS WILL BE CONTACTED BY AN AARDVARK ANIMAL RESCUE REPRESENTATIVE.

SIGNATURE _____

DATE _____