Microchip:					
Pet's Name:					
Description:			_	venmo	
	scue - Adoptio				
Name:			3:		
Address:					
City:					
Cell Phone:					
Occupation:	Driver's License	:			
If employed, I work: at	home or outside	de home			
Employer:		Phone	e:		
Employer Address:		Length of e	employm	ent:	
Co-Applicant Information					
Name:	DOB:				
Cell Phone:	Email	l:			
Occupation:	Work:	_ at home .	outs	ide home	
Employer:	Phone:				
Employer Address:	Length of employment:				
Household Information					
Do you agree to a home visit?	A	re you on F	acebook	:	
Do you live in a: House	Apartment Co	ondo/Villa _	Mobi	le Home	
Do you: Own Rent l	Own Rent How long have you been at this address?				
If you Rent, Landlord's name	and phone:				
Please describe any pet restrictio	ns: Size, breed, nun	nber			
Number of adults in home: often:		children in	home or	visiting	
Adoption History					
Have you ever rehomed a cat or	dog to a person or	shelter? (Ex	xplain)		
If you do not currently have a pe	et, have you owned p	ets in the p	past?		
If yes, what happened to your pr		-			
Reasons you are looking to adopt					
As a gift Child's pet			-	-	

Date: _____

Household Pets Information

Please describe the pets currently living in ho	usehold.
Number of Cats Ages Have cats	tested negative for FeLV/FIV?
Number of Dogs Ages Breeds _	
Are cats declawed? Are dogs on	Heartworm Prevention?
Are all pets spayed/neutered?	-
Are pets on flea prevention? Are pet	s indoors or outdoors?
Other pets in household (eg. ferrets, birds):	
Does anyone in the family have allergies or a	sthma?
Veterinary Care Veterinarian:	Phone:
Routine Care	
Will this pet be kept: Indoors? Outdoo	ors? Indoors/Outdoors?
Where will this pet spend its time during: Day	/time? Evenings?
Do you have a pet door?How many alone?How often do you travel Whe	
Additional Considerations	
Would you have your cat declawed? opet for his/her lifetime?(15+ years)	Can you afford the cost to care for this
How will you introduce the new pet into y	our home?
What would you do if your cat stopped using	
Began scratching furniture or jumping on cou	nters?
Please provide two references. Name, Relati	onship and Phone number.
I give RU4Me Pet Rescue permission to verify the understand that any false information will disqualify m to immediately surrender the pet to the Rescue. You m	y application to adopt and/or I will be required
	Date:
Applicant Signature	
	Date:
Co-Applicant Signature	
Circulations of DUAMs Ada III C	_ Date:
Signature of RU4Me Adoption Counselor	

Not all pets are suitable for all homes. The information provided will help us make the best match for both you and the pet. Completing an application does not guarantee adoption. We reserve the right to deny any application.