

Rainy Day Rescue Adoption Application

Name:	Email:
Address:	Phone:

Why do you wish to adopt a pet?

Please list all members of your household and ages of children (if any):

Name	Age		Name	Age

Are all family members supportive of adopting a pet? Yes _____ No _____	
Who will be the primary caretaker of your new pet?	
Who will participate in the care of your new pet?	
Is someone home during the day? Yes _____ No _____	
Where will the pet stay while in your home?	
Is there anyone in the home that may be adversely affected by a pet (allergies, etc)?	
What days/hours are you and your family generally home?	
How often do you travel for work/pleasure?	
Do you have a separate room where you could temporarily isolate or slowly introduce your new pet to other animals in your home?	Yes _____ No _____

Your Home Environment:

Type of Residence: House _____ Apartment _____ Other _____	
Do you Rent _____ Own _____	Does your lease allow pets? Yes _____ No _____
Landlord's Name _____	Phone _____
For Dogs: Do you have a fenced in yard?	
Type/Size/Height of yard and fence?	
For Cats: Have you read and do you understand the information provided regarding upper respiratory infection and coccidiosis?	
Where will this pet stay during the day?	
Where will this pet stay during the night?	

If you currently have pets, please identify their name, species, age, spay/neuter status and vaccination status:

Name	Species	Age	Spayed/Neutered	Last Vaccinated
	Dog Cat			
	Dog Cat			
	Dog Cat			
	Dog Cat			
	Dog Cat			

Are your pets kept indoors _____ outdoors _____ ? Do they have any health issues that could affect

	your new pet? Yes _____ No _____
Do your pets get along with other animals? Yes _____ No _____	

Who is your regular Veterinarian?

Name:	Phone:
Address:	

Have you had pets in the past? What type? What happened to them?

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Are you prepared for the expense of routine care, annual examinations, and emergency medical care for this pet for the next 10-15 years? Yes _____ No _____

Please provide two references:

Name:	Address:	Phone:
Name:	Address:	Phone:

Please feel free to make any comments you feel are pertinent to your adoption of this pet:

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How did you hear about Rainy Day Rescue:

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Applicant Signature:		Date:
Applicant Signature:		Date:
Applicant Interviewed By:		Date:
Approved By:		Date:
Denied (If so, why?):		Date: