

Print Applicant's Last Name, First Name

Received/reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Fee Paid:

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ \$ \_\_\_\_\_

# Adoption Application

Outcome:

### Instructions

The purpose of this application is to help us match you with the pet most suitable for your current household and personal needs. We want both you and your new pet to be happy with the new home. Therefore, please fill out all sections as completely as possible. **If necessary, feel free to attach additional pages.** You may make a **non-refundable** \$25 deposit to hold a specific pet during the approval process. This amount will be credited towards the adoption fee, and is refundable **only** if your application is not approved. **Return to KAS/CARE** by mail to KAS/CARE Adoptions, PO Box 462, St. Johnsbury, VT 05819.

### Applicant Information

Full Name(s)	
Address City/Town/ZIP	
Home Phone	
Email address	
Employer Name & Address	
Work Phone	
Other Phone (cell, etc.)	

### Homeownership

Do live in a ....(check one) House? Condo? Apartment? Manufactured Home?
Do you rent your home? If you rent, does your lease allow you to have pets? <b>IMPORTANT: Renters must provide a copy of the lease or other permission from the landlord. Owners must provide proof of ownership (such as a mortgage statement, tax bill, etc.)</b>
If renting, please provide your landlord's Name, Address and Phone:
How long have you lived at your present address? If less than 2 years, please provide previous address:
Are you planning to change your place of residence in the next 12 months? Please specify.

### Household Information

How many adults in your household? How many children? Please provide ages of children.
Do you currently have any pets? Please specify type, name, gender, age and whether or not altered and up-to-date on inoculations.
Is anyone in your household allergic to animals? Please specify.
Have all household members agreed to adopting a pet?

### Type of Pet Desired

Is there a particular KAS/CARE pet that you are interested in? If so, please provide the name.
What kind of pet are you looking for? (cat, dog, rabbit, etc.)
Please indicate your preferences regarding the pet's gender, age, color, breed, size, hair length, personality, etc. Gender: ___ Male only ___ Female only ___ No preference Age range: _____ Coloring: _____ Hair length: ___ Short hair ___ Medium hair ___ Long hair Breed type(s): _____ Personality: ___ outgoing ___ independent ___ playful ___ talkative ___ quiet ___ sedate ___ interactive ___ aloof ___ Other (please describe) _____
<b>If adopting a cat, please check all that apply:</b> ___ Good with young children      ___ Declawed ___ Good with other cats      ___ Not declawed ___ Companion for another cat      ___ Lap cat ___ Will be the only cat      Please describe any other specific requirements: ___ Good with dogs ___ Indoor only ___ Indoor/outdoor ___ Free-roaming outdoors ___ Leash trained
Will you consider at cat who has special needs (FIV, FELV, diabetic, senior, etc.)? ___ Yes ___ No ___ Need more information.
<b>If adopting a dog:</b> Do you have an enclosed yard? If yes, what type of fencing and how high is the fence?
<b>If adopting a rabbit:</b> Are you an experienced rabbit owner? Are you looking for an indoor, house rabbit? Or do you prefer an outdoor, caged rabbit? Are your preferences flexible? Please specify.

### About Adopting a Pet

Why do you want to adopt a pet?
Have you ever adopted from us before? If yes, when and what?
How long have you been looking for a pet?
Where else have you been/are you looking?
For whom are you adopting this pet?
If as a gift, does the recipient know he/she is getting this gift?

## KAS/CARE Adoption Application, continued

### Caring for Your Pet

Are you prepared to care for your pet for the lifetime of the pet (15 to 20 years)?
<i>The average cost of caring for a pet in Vermont is at least \$400/year, not including any emergency medical needs.</i> Are you prepared for the financial expense of veterinary care, annual inoculations, good quality food, licensing, training, etc.?
Do you have time to feed, clean up after, groom, exercise, play with, socialize, train, etc. you pet?
Would you like some advice to help your new pet adjust to your home, household, and/or any current pets?
Where will you keep the pet <ul style="list-style-type: none"> <li>• during the day?</li> <li>• during the night?</li> <li>• when you are away from home on vacation or business?</li> </ul>
Are you prepared to deal with the possible problems of pet ownership, such as flea infestations, behavior problems, accidents on the carpet, etc.?
Who will have primary responsibility for caring for your pet?
If you work outside the home, will anyone be at home to care for the pet during the day?
If not, about how long will the pet be alone and what provisions will you make for the pet while you are gone?

### Past Pet History

Have you had a pet in the past? If yes, please specify <ul style="list-style-type: none"> <li>• what type(s)</li> <li>• when you had the pet(s),</li> <li>• what happened to the pet(s) [such as, lost, died of old age, died of illness, hit by car, poisoned, etc.]</li> </ul> [Please include names of pets for vet reference]
Have you ever had to find another home for one or more of your past pets? If yes, please describe the circumstances and outcome.

### Veterinary References

If you have current or past veterinarian(s), please provide the contact information below.

Veterinarian #1	
Name	
Address	
Phone	
Veterinarian #2	
Name	
Address	
Phone	

### Personal References

In addition to your vet reference (if you have one), please provide one or two references of persons who have known you and your other pets.

Personal Reference #1	
Name	
Phone	
Personal Reference #2	
Name	
Phone	

### Other Questions

<b>How did you hear about KAS/CARE?</b> <input type="checkbox"/> Petfinder.com <input type="checkbox"/> Pets911.com <input type="checkbox"/> PETCO.com <input type="checkbox"/> Other website (please specify) _____ <input type="checkbox"/> From my vet (please specify) _____ <input type="checkbox"/> From a friend or family member (please specify) _____ <input type="checkbox"/> Another humane organization (please specify) _____ <input type="checkbox"/> Other (please specify) _____
Is there anything else you would like us to know?

**By signing below, I signify that**

- **I have been truthful in completing this application, and**
- **I understand that any misrepresentation of myself or my intentions, and any untruths contained in this application will disqualify my application and nullify any current and future adoption agreements between myself and KAS/CARE.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## AUTHORIZATION FOR RELEASE OF INFORMATION

I, the undersigned, certify that I \_\_\_\_\_  
Print name

- am the owner or
- am the authorized agent of the owner

of \_\_\_\_\_  
*animal's name(s)*

And have the authority to execute this document.

I authorize \_\_\_\_\_  
*(Vet's name)*

to release information in the animal's medical record to Kingdom Animal Shelter

Please specify the portion of the record to be released:

- Medical & Vaccination History
- Other (please specify)

By signing below, I release the veterinary medical center named above, its employees and officers from legal responsibility or liability for the release of this information to the extent indicated and authorized herein.

This authorization expires 90 days from the date of signature. I understand that this authorization may be revoked but must be done so in writing. The revocation will not be applied retroactively after the information specified herein has been released.

\_\_\_\_\_  
Owner or Authorized Person Signature

\_\_\_\_\_  
Date