

Applicants Last Name, First Name Outcome

Received/Reviewed By: Date: Fee Paid

Approved By Date

Kingdom Animal Shelter Adoption Application

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** by mail to Kingdom Animal Shelter Adoptions, PO Box 462, St. Johnsbury, VT 05819.

Applicant Information

Full name(s)	<input style="width: 80%;" type="text"/>
Physical Address City/Town/Zip	<input style="width: 80%;" type="text"/>
Home Phone	<input style="width: 80%;" type="text"/>
Email Address	<input style="width: 80%;" type="text"/>
Employer Name and Address	<input style="width: 80%;" type="text"/>
Work Phone	<input style="width: 80%;" type="text"/>
Other Phone	<input style="width: 80%;" type="text"/>

Type Of Pet Desired

Is there a particular KAS pet that you are interested in? If so, please provide the name.	<input style="width: 70%;" type="text"/>
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Please indicate your preferences regarding the pet's gender, age, color, breed, size, hair length, personality, etc.

Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Age Range	<input style="width: 80%;" type="text"/>
Coloring	<input style="width: 80%;" type="text"/>
Hair Length	<input type="checkbox"/> Short Hair <input type="checkbox"/> Medium Hair <input type="checkbox"/> Long Hair
Breed type(s)	<input style="width: 80%;" type="text"/>
Personality	<input type="checkbox"/> Outgoing <input type="checkbox"/> Independent <input type="checkbox"/> Playful <input type="checkbox"/> Sedate <input type="checkbox"/> Interactive <input type="checkbox"/> Talkative <input type="checkbox"/> Aloof <input type="checkbox"/> Quiet <input type="checkbox"/> Other (Please Describe) <input style="width: 150px;" type="text"/>

Homeownership

Do You Live in a (Check one)	<input type="checkbox"/> House? <input type="checkbox"/> Condo? <input type="checkbox"/> Apartment? <input type="checkbox"/> Manufactured Home?
Do you rent your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you rent, does your lease allow you to have pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If renting, please provide your landlord's Name, Address and Phone:	<input style="width: 80%;" type="text"/>
How long have you lived at your present address? If less than 2 years, please provide previous address:	<input style="width: 80%;" type="text"/>
Are you planning to change your place of residence in the next 12 months? Please specify.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input style="width: 150px;" type="text"/>

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.)

What traits are you looking for in a cat? (Check all that Apply)

<input type="checkbox"/> Good with young children	<input type="checkbox"/> Leash Trained
<input type="checkbox"/> Good with other cats	<input type="checkbox"/> Declawed
<input type="checkbox"/> Companion for another cat	<input type="checkbox"/> Not Declawed
<input type="checkbox"/> Will be the only cat	<input type="checkbox"/> Lap Cat
<input type="checkbox"/> Good With Dogs	<input type="checkbox"/> Other Requirements (Describe) <input style="width: 150px;" type="text"/>

Household Information

How many adults in your household?	<input style="width: 30%;" type="text"/>
How many children?	<input style="width: 30%;" type="text"/>
Please provide ages of children.	<input style="width: 30%;" type="text"/>
Is anyone in your household allergic to animals? Please specify	<input style="width: 30%;" type="text"/>
Have all household members agreed to adopting a pet?	<input style="width: 30%;" type="text"/>

About Adopting a Pet

Why do you want to adopt a pet?	<input style="width: 30%;" type="text"/>
Have you ever adopted from us before? If yes, when and what?	<input style="width: 30%;" type="text"/>
How long have you been looking for a pet?	<input style="width: 30%;" type="text"/>
Where else have you been/are you looking?	<input style="width: 30%;" type="text"/>
For whom are you adopting this pet	<input style="width: 30%;" type="text"/>
If as a gift, does the recipient know he/she is getting this gift?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Kingdom Animal Shelter 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<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.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have time to feed, clean up after, groom, exercise, play with, socialize, train, etc. your pet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like some advice to help your new pet adjust to your home, household, and/or any current pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where will you keep the pet?	
during the day?	
during the night?	
when you are away from home on vacation or business?	
Are you prepared to deal with the possible problems of pet ownership, such as flea infestations, behavior problems, accidents on the carpet, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	<input type="checkbox"/> Yes <input type="checkbox"/> No
what type(s)	
when you had the pet(s),	
what happened to the pet(s) [such as, lost, died of old age, died of illness, hit by car, poisoned, etc	

[Please include names of pets for vet reference]

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

How did you hear about KAS?	
<input type="checkbox"/> Petfinder.com	<input type="checkbox"/> Pets911.com
<input type="checkbox"/> Other website (please specify)	<input type="checkbox"/> PETCO.com
<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?	
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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.

Signature: Date: