



Critical Care for Animal Angels, Inc.
Adoption Application

Name of pet you are interested in:

Applicant #1

First Name:	Initial:	Last Name:
Address:		
City:	State:	Zip Code:
Phone:	Email:	

Applicant #2

First Name:	Initial:	Last Name:
Address:		
City:	State:	Zip Code:
Phone:	Email:	

Household & Background Information

Length of time at current address?				
In which do you currently reside?	<input type="radio"/> House/Mobile Home	<input type="radio"/> Apt/Condo	<input type="radio"/> RV	<input type="radio"/> Other
Do you have a fence?	<input type="radio"/> Yes		<input type="radio"/> No	
Do you own or rent?	<input type="radio"/> Own		<input type="radio"/> Rent	
Is a pet deposit required where you reside? If yes, proof of payment required	<input type="radio"/> Yes		<input type="radio"/> No	
May we contact who you rent from?	<input type="radio"/> Yes		<input type="radio"/> No	
Do any children live in the home or visit frequently?	<input type="radio"/> Yes		<input type="radio"/> No	
Please list all members of your household & their ages, including yourself:				
Do all adults work outside the home full-time?	<input type="radio"/> Yes		<input type="radio"/> No	
Is anyone in the household allergic to animals?	<input type="radio"/> Yes		<input type="radio"/> No	
Who will be responsible for this pet?				
Are all members of the household in agreement to adopt?	<input type="radio"/> Yes		<input type="radio"/> No	
What is your reason for adopting?	<input type="radio"/> Watchdog		<input type="radio"/> Family Pet	
	<input type="radio"/> Hunting		<input type="radio"/> Gift	
		<input type="radio"/> Companion for other pet		<input type="radio"/> Other
Have you ever adopted from another organization or animal welfare facility?	<input type="radio"/> Yes		<input type="radio"/> No	
Have you ever had an application for adoption declined from an animal welfare facility or rescue organization?	<input type="radio"/> Yes		<input type="radio"/> No	
If no, why?				
Are you prepared to care for a dog for up to 15 years ?	<input type="radio"/> Yes		<input type="radio"/> No	
Are you aware of the adoption fee? (\$200/\$250)	<input type="radio"/> Yes		<input type="radio"/> No	
Are you familiar with your local animal control laws?	<input type="radio"/> Yes		<input type="radio"/> No	

Current/Past Pet Information

Please list all pets you currently own (name, breed, gender, age)				
Have any of your current pets displayed aggression towards another animal?	<input type="radio"/> Yes		<input type="radio"/> No	
Are all of your current pets spayed/neutered?	<input type="radio"/> Yes		<input type="radio"/> No	
Please list all previous pets owned in the past 5 years and why this pet is no longer in your care.				
Has an animal died of distemper, parvovirus, or unknown causes while in your care?	<input type="radio"/> Yes		<input type="radio"/> No	
Do you have a regular veterinarian? If so, please list their name, location and telephone number.				
Do you give us permission to contact your vet for a reference?	<input type="radio"/> Yes		<input type="radio"/> No	

Pet Living Conditions	
Where will the pet live most of the time?	<input type="radio"/> Inside <input type="radio"/> Outside <input type="radio"/> Both
Do any of your pets live mostly outdoors?	<input type="radio"/> Yes <input type="radio"/> No
Where will your pet sleep at night?	
During a normal day, how many hours at a time will the pet be left unattended?	
Where will the dog stay when left unattended?	
Will this pet be kept in a garage, basement or outdoors most of the time?	<input type="radio"/> Yes <input type="radio"/> No
Are you willing to house-train the pet?	<input type="radio"/> Yes <input type="radio"/> No
Do you travel often?	<input type="radio"/> Yes <input type="radio"/> No
What would happen to the pet if you move?	
Under what circumstances would you not be able to keep this pet?	
Would you allow an inspection of the premises where the pet will reside?	<input type="radio"/> Yes <input type="radio"/> No

Pet Care Information	
How much money would you be willing or able to spend if this pet becomes ill or injured?	<input type="radio"/> up to \$500 <input type="radio"/> \$500-\$1,000 <input type="radio"/> Any amount necessary to provide appropriate care
Are your animals treated with a flea preventative?	<input type="radio"/> Yes <input type="radio"/> No
Are your animals treated with a heartworm preventative?	<input type="radio"/> Yes <input type="radio"/> No
Are your animals current on their immunizations (rabies, parvo, bordatella)?	<input type="radio"/> Yes <input type="radio"/> No
Do you understand that rescue pets are not perfect and may need an adjustment period in a new home?	<input type="radio"/> Yes <input type="radio"/> No
Many of the pets we have available for adoption have special needs. Are you able to provide for any special needs that the pet may require?	<input type="radio"/> Yes <input type="radio"/> No
If your pet has any illness or injury, will you be able to transport him/her back and forth for treatment?	<input type="radio"/> Yes <input type="radio"/> No
IMPORTANT : If you cannot keep this animal for any reason, do you agree to return he/she to Critical Care for Animal Angels, Inc.?	<input type="radio"/> Yes <input type="radio"/> No

Reference #1 (Non-Family Member)	
Name:	Relationship:
Email:	Phone:

Reference #2 (Non-Family Member)	
Name:	Relationship:
Email:	Phone:

NOTE: All of our animals are heartworm tested. If they are found positive, this will be disclosed to the adopter and we will arrange treatment at Houston Veterinary Clinic. If found negative, we strongly encourage you to have the pet retested in six months since heartworms can take up to 6 months to show on a test.

'I have read the above information carefully and have filled out this application honestly. I understand that omission of information and/or failure to answer all questions and sign the application can result in this application being declined. If an omission or untruth is discovered after an adoption takes place, I understand that Critical Care for Animal Angels, Inc. reserves the right to void the adoption and reclaim the animal. I give Critical Care for Animal Angels, Inc. permission to fully investigate the information provided, as well as contact veterinarians and related officials. If the application passes this review, I agree to a home and yard visit on a mutually agreed upon date by a Critical Care for Animal Angels, Inc. representative before an adoption decision is made.

In addition, I understand the adoption decision is dependent on many factors, including but not limited to, the compatibility of the family and home to the individual animal, and other applications received on this animal. I understand that it is Critical Care for Animal Angels, Inc.'s prerogative to decide which home is most appropriate, and that their decision is final. Unless otherwise indicated by Critical Care for Animal Angels, Inc., I am free to apply and undergo the application process in the future. I further agree that if, for any reason, I am unable to keep this animal, he/she will be returned to Critical Care for Animal Angels, Inc.

Applicant #1 Signature

Applicant #2 Signature