

## **Buddy's Precious Angels Sanctuary**

## **Adoption Application.**

Thank you for your interest in one of our pups. Please complete the application and submit to <a href="mailto:buddyspas@gmail.com">buddyspas@gmail.com</a>

*Required Fields
Date of application*
Applicants First Name*
Applicant Last Name*
Applicants Date of Birth*
Permanent Address*
Phone Number*
Email Address*

Occupation*
If you have a specific pet that you are interested in adopting, please provide their name.
If you do not have a specific pet in mind already, please list your requirements for a new pet.
Da vavi*
Do you:*
o Rent
o Own
If you rent, will your landlord provide a statement authorizing the adoption of a pet?
o Yes
o No
Please provide name and phone number of Landlord.
Length of Time at current address*
o 0-6 months
o 6-12 months
o Over a year
If less than one year, please provide previous address
Are you planning on moving?*
o Yes
o <b>No</b>
Which best describes your current location?*

Urban/CityRural/Farm

Which best describes your current home?*
o Single Family
o Duplex/Apartment
o Mobile Home
Are there Children in the home?*
o Yes
o No
If yes, how many and what are their ages?
How many adults are in the home, and their relationship to the applicant?*
Is everyone in agreement to adopting a new pet?*
o Yes
o No
Is everyone aware of the commitment in adopting a pet?*
∘ Yes
o No
How many current pets are in the home? Please include ages and breeds.*
Where will the pet be housed when no-one is at home?
Where will the pet be housed at night?*
Do you have a fenced in yard?*
o Yes
o No

Are you familiar with basic pet vetting?*
o Yes
o No
Do you agree to have the pet vetted within one moth of adoption?*
o Yes
o No
Do you agree to a home visit prior to approval of this application?*
o Yes
o No
Do you agree to a home visit after the adoption is complete?*
o Yes
o No
PUPPY ADOPTIONS: If you are adopting a puppy that is too you to be altered, do you agree to have them spayed/neutered by 6 months of age AND provide a copy of the certificate to the rescue?
o Yes
o No
If you do not comply with the vetting and/or altering, do you agree to surrendering the pet back to the rescue?*  • Yes • No
Please provide a vet reference. Name and phone number.*
Any additional questions or comments?
Applicant Signature
Applicant Signature

SUBMIT

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