

Adoption Application Form

To be considered for one of the animals in the SCARS program, please complete the following adoption application.

Understand that the needs of the animal come first – and as such we will be checking references and may include a potential home visit as part of the adoption process. Our primary goal is to match up animals with living situations that are best suited for their long-term care. We appreciate your interest in our organization.



**SOUTH COUNTY ANIMAL
RESCUE AND SANCTUARY**

Is there a specific animal you are interested in: No Yes (name) _____

Name: _____ Date: _____ E-mail: _____

Home Address: _____ Home Phone: _____

City, State, Zip: _____ Cell Phone: _____

Do you: Rent Own? How long have you been at this address: _____ Work Phone: _____

If rent, please provide landlord name and number: _____

Please describe your living situation (ie: do you have a house/apt/condo, a fenced yard, dog run, etc.)

Please list all people living with you – including ages and relationship.

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any pets living with you – including breed, sex, age and if spayed/neutered:

<u>Breed</u>	<u>Age</u>	<u>Sex</u>	<u>Spayed/Neutered (if no, please explain)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you or any other person currently living (permanently or temporarily) at your residence been charged with any crimes against animals or of domestic violence? No Yes

If yes, please explain: _____

Who will be the primary caregiver of the animal: _____

What do you and your spouse do for a living: _____

On average, how many hours a day will the animal be alone: _____

Where will the animal be when left alone: _____

Adoption Application Form



How do you plan to exercise and toilet the animal?

Please describe your ideal pet – including shedding/activity levels, age, sex, breed, etc.

Do you have specific goals in mind for your future pet? No Yes If so, please explain:

In the event that you have to relocate – what would your plans entail for the animal?

Have you ever owned a cat/dog before? No Yes If so, please briefly describe:

Has everyone in the residence agreed to caring for the animal – and for the costs associated with caring for a pet that will live for another ten or more years? Please briefly describe how you will accommodate these needs:

Do you currently have a veterinarian? No Yes If yes, please list the contact information for their office the name of the doctor and the name of the pet you take there. ** If you do not have one, we can provide information on vets in your area.

Please provide us with three non-family references. If your vet is willing to be a reference, we require one additional reference. However, by providing three, you are helping us process, and hopefully approve, your application as expediently as possible.

<u>Name</u>	<u>Phone</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you willing to have a Representative do a home visit (by appointment only)? No Yes

I have read and completed all questions on the application truthfully and to the best of my knowledge. I understand that South County Animal Rescue and Sanctuary will rely on the answers that I have provided to process this application for adoption and that by submitting this document I am not guaranteed approval. In the event that false information is discovered, SCARS reserves the right to reclaim possession of the animal.

Applicant Signature

Date

For Office Use Only:

Application Reviewed: _____

References Processed: _____