



SMALL ANIMAL ADOPTION APPLICATION

Completion of this application does not guarantee placement of an animal with the applicant. SOAR animals are assessed for placement with the home that best fits the animal's needs.

NAME (First, Middle, Last): _____ DATE OF BIRTH: _____

ADDRESS (Physical): _____ STATE: _____

TOWN: _____ ZIP CODE: _____ EMAIL ADDRESS: _____

HOME PHONE#: _____ CELL PHONE #: _____

MAILING ADDRESS (If different): _____

SPOUSE/PARTNER(S) NAME: _____

MY CURRENT LIVING ARRANGEMENTS ARE:

- I own my own home: House, Condo, Duplex, Mobile/land, Mobile in Park
- Live with home owner: Do they know you are getting a pet? Yes ___ No ___
- Rent: Apartment, House, Condo, Duplex, Mobile Home, Dorm
Name of Landlord and Phone #: _____

PLEASE LIST ALL THE PETS YOU CURRENTLY OWN OR HAVE OWNED IN THE LAST FIVE YEARS:

NAME	BREED/TYPE	AGE	SEX	SPAYED/NEUTERED	STILL OWN	KEPT WHERE	IF NO, WHAT HAPPENED TO THIS PET

Name of your current Veterinarian or Clinic: _____

Does anyone in your family have allergies to animals? _____

Have you ever brought an animal(s) to an animal shelter: Yes ___ No ___ Why? _____

How many children in the home? _____ Their ages: _____

Where will the animal be housed? _____

Who will be the primary caregiver for your pet? _____

I am 21 years of age. I certify that the information given is true. I authorize SOAR to contact veterinarian(s) and landlord(s) to investigate all statements in this application and to do follow-up property checks. I have read and understand the SOAR Adoption process:

Signature: _____ Date: _____

Follow up by SOAR only:

SOAR USE ONLY:

Date: _____ ID: _____
 Adoption Counselor: _____
 Landlord Approval: _____
 Vet Records Check: _____
 Approved Date: _____
 DNP: Not on DNP ___ on DNP ___