



ADOPTION/FOSTER APPLICATION

Please fill out and scan or photograph application and email to: RecycledLoveAR@gmail.com

Recycled Love Animal Rescue focuses on helping senior animals and those who may have medical issues. Our goal is to make sure that these forgotten ones can live out their lives in happy, loving permanent homes. Please complete this Adoption/Foster Application so we can assist you in finding a special, compatible companion to join your family. We do not adopt any pets on a "first come, first served" basis, however, we make every attempt to match families with the most compatible pets. We reserve the right to decline any application. **The adoption fee ranges from \$85 to \$300.** This fee helps defray the costs of medical needs and procedures, spaying/neutering, and vaccinating all animals in our care. Our animals are microchipped, tested for parasites, dogs are heartworm tested and on heartworm prevention and cats are tested for FeLV & FIV.

PLEASE PRINT CLEARLY. (Must be at least 21 years of age to adopt). Date: _____

Name of animal in which you are interested: _____ ID# _____

Breed/Description: _____ Male Female

Name of person applying to adopt: _____

Spouse/ Partner Name: _____

Adopter: Driver's License # _____ Date of Birth: _____ Email: _____

Spouse/Partner: Driver's License # _____ Date of Birth: _____ Email: _____

Address (include City and Zip Code) _____

Contact Number: Home (____) _____ Work (____) _____ Cell (____) _____

Employer _____ What are your hours? _____

Spouse/Partner Employer _____ Work or cell phone (____) _____

How long will the pet be left alone? _____ Where will the pet stay? _____

Do you or your spouse/partner travel frequently? Yes No If yes, how often? _____

What will you do with the pet when you travel? _____

What will you do with this pet if you have to move? _____

Are you willing/able to purchase and use a crate if needed or advised? Yes No

Do you have a pet door? Yes No How would you handle a dog's potty needs? _____

How would you exercise a dog? _____ Where would a dog sleep? _____

Do you live alone or with family?

Does **every** adult in the household agree on owning this pet? Yes No

Do you have children/grandchildren? Yes No What ages? _____



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Do they live in the household? Yes No If they do not live with you, how often do they visit? _____

Are you willing and able to commit to behavior and/or dog obedience training? Yes No

Do you own or rent? Own Rent House Apartment How long at this location? _____
If renting:

Does your lease allow pets? Yes No Are there any breed/weight restrictions? Yes No

Pet deposit? Yes No Pet Fee? Yes No Pet Rent? Yes No

If yes to any of the foregoing, we will need confirmation of payment of any required pet deposit/fee, etc.

Rental manager's name and phone number _____

Do you have a fenced yard? Yes No If yes, what type and how high? _____

Do you have a pool? Yes No If yes, is the area fenced off? Yes No

Have you ever owned this breed/mix? Yes No Have you ever owned a rescued animal? Yes No

Have you ever adopted from a rescue group/shelter? Yes No If yes, what group/shelter? _____

Have you tried to adopt an animal and been declined? Yes No If yes, why _____

Have you ever given an animal up? Yes No If yes, why? _____

What did you do with the animal? _____

What qualities are you looking for in a pet? (Please be specific) _____

Do you give permission for a RLAR representative to visit your home prior to adoption to do a home check and after adoption to do follow up checks on the pet? Yes No

RELEASE FOR VETERINARY REFERENCE: (must be completed by potential adopter/foster)
Please contact your vet and provide authorization to release information.

I, _____, hereby give permission for any veterinarian providing service to me and my pet to release medical information on any/all of my animals to Recycled Love Animal Rescue.

(signature)

My veterinarian/vaccination clinic: _____

Address _____ Contact No. (_____) _____



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NOTE: The veterinarian who has cared for your pets does not need to be local. The veterinarian/vaccination clinic should be able to provide us consistent care, vaccination and heartworm medication history.

If you do not have a veterinary reference, please provide us with 3 personal references (only one relative).

PET OWNERSHIP HISTORY

Name _____ Dog Cat Male Female Age _____

Breed _____ Spayed/neutered? Yes No

How acquired? _____ Length of ownership _____

Heartworm preventative? Yes No Name of Medication _____ When last given? _____

If a cat, is/was it de-clawed? Yes No

Dogs: Date of last shots: DHLPP _____ Bordetella _____ Rabies _____ Other _____

Cats: Date of last shots: FeLV _____ FVRCP _____ Rabies _____ Other _____

Where did this pet sleep? _____

Where did the pet stay while you were away or at work? _____

Did this pet have any problems or conditions? _____

What happened to this pet? _____

Name _____ Dog Cat Male Female Age _____

Breed _____ Spayed/neutered? Yes No

How acquired? _____ Length of ownership _____

Heartworm preventative? Yes No Name of Medication _____ When last given? _____

If a cat, is/was it de-clawed? Yes No

Dogs: Date of last shots: DHLPP _____ Bordetella _____ Rabies _____ Other _____

Cats: Date of last shots: FeLV _____ FVRCP _____ Rabies _____ Other _____

Where did this pet sleep? _____

Where did the pet stay while you were away or at work? _____

Did this pet have any problems or conditions? _____



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What happened to this pet? _____

Name _____ Dog Cat Male Female Age _____

Breed _____ Spayed/neutered? Yes No

How acquired? _____ Length of ownership _____

Heartworm preventative? Yes No Name of Medication _____ When last given? _____

If a cat, is/was it de-clawed? Yes No

Dogs: Date of last shots: DHLPP _____ Bordetella _____ Rabies _____ Other _____

Cats: Date of last shots: FeLV _____ FVRCP _____ Rabies _____ Other _____

Where did this pet sleep? _____

Where did the pet stay while you were away or at work? _____

Did this pet have any problems or conditions? _____

What happened to this pet? _____

(If you need more room, please list requested information on an additional sheet.)

I confirm that the information in this Adoption/Foster application is correct and complete to the best of my knowledge.

Signature

Date

Spouse/Partner Signature

Date