



**ADOPTION, FOSTER or FOSTER TO ADOPT APPLICATION**

Please print answers clearly on application. Applications can be **faxed to (586) 933-2565**  
Or scanned and emailed to **clinic@allaboutanimalsrescue.org**

Date: \_\_\_\_\_ Animal's name: \_\_\_\_\_

Animal is a dog or a cat? \_\_\_\_\_ I want to Adopt      Foster      Foster to Adopt

Your Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Email: \_\_\_\_\_

1. Year of birth \_\_\_\_\_

2. Have you ever owned a pet? Yes      No

3. Do you currently live in a: House      Apt      Condo      Mobile Home Park      Town House

4. Do you: Own      Rent      Lease

5. Proof of Landlord or Association pet approval policy attached? Yes      No

6. How many people currently live in your household? Adults \_\_\_\_\_ Children \_\_\_\_\_ Children's ages \_\_\_\_\_

7. Check reason you plan on adopting: Family Companion      Companion for other pet      Guard dog

8. Does anyone in the household have any pet allergies? Yes      No      Explain: \_\_\_\_\_

9. Are you aware that the cost of vet care is usually \$200-\$300 per year, without serious illness? \_\_\_\_\_

10. Are you aware that the cost of pet supplies can be another \$1,000 per year? \_\_\_\_\_

11. How many pets do you currently own? \_\_\_\_\_ How many pets currently live with you? \_\_\_\_\_

12. Please supply the name and following information on the pets living in your home:

a. Type?      b. Age?      c. Sterilized?      d. Current on Vaccines?      e. On Heartworm Preventative?      f. Resides- Inside, Outside or Both?

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13. How many pets have you owned in the past 10 years? \_\_\_\_\_ What happened to each of the animals no longer in your home? Please explain for each pet:

14. Have your current pets been exposed to other animals coming in the home? \_\_\_\_\_ What was their reaction?

15. Previous vet history will be verified. Please list name, location and phone # of each practice and names of your pets. *Many vets require owner authorization to release history. Please expedite the process by contacting the practice with your permission.*

16. Are any of your pets being treated for medical conditions? \_\_\_\_\_ Please explain:

17. Where will this animal be living? Inside      Outside

18. Where will this animal be sleeping \_\_\_\_\_

19. How much time will this animal be spending OUTSIDE on a given day and in what circumstances?  
\_\_\_\_\_

20. How much time will this animal be spending INSIDE on a given day and in what circumstances?  
\_\_\_\_\_

21. Is your yard enclosed?      Chain link      Privacy fence      Invisible Fence      Outdoor kennel

22. Approximately how many hours will the animal be left alone during a given day? \_\_\_\_\_

23. If looking to adopt a cat; what would lead you to choose to declaw?

24. Would you object to an AAAR representative coming to your home or calling to check on the animal? \_\_\_\_

25. Comments? \_\_\_\_\_

**I understand completion of this evaluation does not guarantee the adoption or foster placement of this pet. Furthermore, falsification of information will result in immediate denial of this application. Incomplete evaluation will not be processed.**

Signature \_\_\_\_\_ Date \_\_\_\_\_