



COMPASSIONATE HEARTS ANIMAL RESCUE

P.O. BOX 353
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| |
|--------------------------|
| DATE _____ |
| ADOPTION FEE _____ |
| CHAR VOL. INITIALS _____ |

APPLICATION FOR ADOPTION

NAME _____ SPOUSE/PARTNER/ROOMMATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ ALT PHONE _____

EMPLOYMENT _____ OCCUPATION _____

AGE: OVER 18 YES NO

HOME TYPE: (CIRCLE ONE) APARTMENT DUPLEX CONDO/TOWNHOUSE
SINGLE HOME MOBILE HOME OTHER (EXPLAIN) _____

OWN

RENT IF SO, PLEASE PROVIDE LANDLORD INFORMATION FOR CONTACT
NAME _____ PHONE _____

LIVE WITH PARENT/GUARDIAN IF SO, PLEASE LIST NAME FOR CONTACT
NAME _____ PHONE _____

YARD SIZE _____ FENCED? _____ COMMUNITY RESTRICTIONS? _____

CHILDREN LIVING IN HOME:
NUMBER _____ AGES _____ EXPERIENCED WITH PETS? _____

PET OF INTEREST: (CIRCLE ONE) PUPPY DOG KITTEN CAT
NAME _____ COLOR _____ SEX _____

ADOPTION FEE (CHAR VOLUNTEER CIRCLES) DOG/ PUPPY \$250 KITTEN UNDER 6 MONTHS \$85 KITTEN 6-12 MONTHS \$70 CAT OVER 12 MONTHS \$30

PREAPPROVAL FOR PET OF CHOICE (PENDING HOME VISIT FOR PUPPY/DOG):
LOOKING FOR: (CIRCLE ONE) PUPPY DOG KITTEN CAT
AGE _____ BREED _____ SEX _____
OTHER _____

PLEASE LIST 2 PERSONAL REFERENCES NOT RESIDING WITH YOU AND THEIR RELATIONSHIP TO YOU:

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

DOGS WITHIN LAST FIVE YEARS:

NAME _____ AGE ___ BREED _____ SEX ___ ALTERED? Y/N VACCINES CURRENT Y/N

NAME _____ AGE ___ BREED _____ SEX ___ ALTERED? Y/N VACCINES CURRENT Y/N

NAME _____ AGE ___ BREED _____ SEX ___ ALTERED? Y/N VACCINES CURRENT Y/N

CATS WITHIN LAST FIVE YEARS:

NAME _____ AGE ___ BREED _____ SEX ___ ALTERED? Y/N VACCINES CURRENT Y/N

NAME _____ AGE ___ BREED _____ SEX ___ ALTERED? Y/N VACCINES CURRENT Y/N

NAME _____ AGE ___ BREED _____ SEX ___ ALTERED? Y/N VACCINES CURRENT Y/N

WHERE DO YOU KEEP YOUR CURRENT PETS? INSIDE ___ OUTSIDE ___ BOTH ___

WHERE DO YOU INTEND TO KEEP THIS PET? INSIDE ___ OUTSIDE ___ BOTH ___

IF ANY LISTED ARE DECEASED, PLEASE EXPLAIN WHAT HAPPENED TO THEM _____

ANY PHYSICAL PROBLEMS? _____

ANY BEHAVIOR PROBLEMS? _____

DO YOUR PETS HAVE ANY ISSUES WITH OTHER PETS? IF SO PLEASE DESCRIBE BRIEFLY _____

VETERINARIAN INFORMATION:

NAME _____

PRACTICE NAME _____

ADDRESS _____

PHONE _____

APPLICATION INFORMATION: ALL OF THE INFORMATION THAT I/WE HAVE PROVIDED IN THIS APPLICATION FOR ADOPTION IS TRUE AND CORRECT. SHOULD ANY INFORMATION CHANGE DURING THE PROCESS, I/WE WILL NOTIFY YOU PROMPTLY.

INTENTION: I/WE INTEND TO PROVIDE A SAFE, LOVING HOME FOR THE DURATION OF OUR PET'S LIFE, WHICH INCLUDES INDOOR LIVING, ROUTINE MEDICAL SUPPORT AND PLENTY OF LOVE.

VET CHECK: I/WE GIVE PERMISSION TO CONTACT MY/OUR VETERINARIAN TO VERIFY MEDICAL RECORDS OF EXISTING PETS AND/OR PREVIOUS PETS.

HOME VISIT: SHOULD MY/OUR APPLICATION BE APPROVED, I/WE WILL CONSENT TO A HOME VISIT WITH MY/OUR PERSPECTIVE PET AS PART OF THE ADOPTION PROCESS.

BY SIGNING THIS, I/WE CONFIRM THAT I/WE HAVE NEVER HAD A PET TAKEN FROM US FOR CRUELTY OR NEGLECT OR BEEN INVESTIGATED FOR ANY CRUELTY OR NEGLECT ISSUES.

SIGNATURE

DATE

SIGNATURE