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Federal Identification Number 46-2542144

ADOPTION APPLICATION

APPLICANT(S) FULL NAME _____

ADDRESS _____

CITY, STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____

DRIVER'S LICENSE NO. _____ DATE OF BIRTH _____

EMPLOYER _____

WORK PHONE _____ WORK EMAIL _____

VETERINARIAN NAME _____

ADDRESS _____ TELEPHONE _____

To be considered as an Adopter, you must: Be 21 years of age or older; Have identification showing your present address; Have the knowledge and consent of your landlord in writing (if applicable); Be able and willing to spend the time and money necessary to provide medical treatment and proper care of the pet.

Completion of this application does not guarantee adoption of A Tail To Be Told Animal Rescue pet. Please read carefully, print legibly, and complete ALL PAGES. Thank you!

1. What type of pet are you interested in? Male ___ Female ___ Adult Cat ___ Kitten (under 5 month) ___

Adult Dog ___ Puppy (under 5 months) ___ Color _____

Personality Type _____

Name of animal you are interested in; in known _____

2. Are you adopting for yourself or for someone else (gift)? _____

3. Why do you want to adopt a new pet? _____

4. Where will the pet be kept? Indoors Only ___ Outdoors Only ___ Both In/Out ___

5. If outdoors, will pet be: Attended ___ Unattended ___ Collar & Tags ___ Microchip ___

6. Is someone home during the day? Yes ___ No ___ If yes, who? _____

7. How many hours each day will the pet be without human companionship? _____

Please explain: _____

8. Does your job require extensive travel? _____

If yes, what provisions will be made for the care and well-being of pet? _____

8. If you go away for a few days, or on a vacation, what provisions will be made for the care of pet? _____

10. When no one is home, where will pet be kept? _____
11. If you move, what will you do with your pet? _____
12. What arrangements will you make for the care of your pets in case of an emergency? _____

13. What provisions will you make for the pet should you become unable to care for him/her? _____

13. Are you financially able and willing to provide annual checkups, vaccinations, and ANY medical care necessary? Yes _____ No _____
14. How much are you willing to spend on medical bills for your pet?
Up to \$100 _____ Up to \$500 _____ Up to \$1,000 _____ Up to \$5,000 _____ Whatever it takes _____
15. What would you do if the vet bills went over this amount? _____
16. Are you willing to take responsibility for this pet for the next 10 to 20 years? Yes _____ No _____
17. Who will be responsible for the pet? _____
18. Under what circumstances would you not be able to keep this pet? Pregnancy/baby _____ Moving _____
Divorce/Separation _____ Spouse/Child Allergic _____ Conflicts With Other Pet(s) _____
Needs to Much Attention _____ Scratches carpet/drapes/furniture _____ Inappropriate Elimination _____
Behavioral Problems _____ Expensive Vet Bills _____ Needs Special Diet _____
19. Have you ever been in a situation where you could not keep a pet? Yes _____ No _____ If yes, please explain: _____
20. Where do you live? House _____ Apartment _____ Mobile Home _____ Farm _____ Other _____
21. Do you own or rent your home? Own _____ Rent _____ If rent, are pets allowed? Yes ___ No ___ Not sure ___
If you rent, may we contact the owner to obtain permission for this pet to live in your home?
Yes ___ No ___ Owner's name and telephone number _____
22. How long have you lived at the above address? _____
23. Is the volume of traffic on your road? Light _____ Moderate _____ Heavy _____
24. How many adults are in your household? _____
25. How many children are in your household? _____ Children's ages? _____
26. Does any member of your household have an allergy to animals? Yes _____ No _____
27. Will this be your first pet? Yes _____ No _____ If no, do you currently have pet(s)? Yes _____ No _____
28. Please list current pets? (If you need more space, please add another page)

NAME	BREED	AGE	ALTERED	INDOORS/OUTDOORS	TIME OWNED

29. Are your pets current on all their vaccinations? Yes ___ No ___
30. If current pets are cats/kittens, have they been tested for feline leukemia? Yes ___ No ___ Don't Know ___
If yes, was test negative? _____
31. If current pets are cats/kittens, have they been tested for FIV? Yes ___ No ___ Don't Know ___
If yes, was test negative? _____
32. If current pets are cats/kittens, have they been declawed? Yes ___ No ___ If yes, Front ___ Back ___ Both ___
33. Please list pets you no longer own? (If you need more space, please add another page)

NAME	BREED	AGE	ALTERED	TIME OWNED	REASON NO LONGER WITH YOU

34. What precautions would you take to properly introduce a new pet into your home if you have other pets?

35. What will you do if your new pet does not get along with your present pet(s)? _____

36. If disciplinary or behavior problems arise, what steps will you take to work on it? _____

37. Have you ever adopted an animal from a rescue/animal control agency? Yes ___ No ___ If yes, which one

38. Have you ever had an application rejected for adoption of an animal from a rescue/animal control agency?
Yes ___ No ___ If yes, explain: _____

NOTE: IF YOU ARE INTERESTED IN ADOPTING A DOG/PUPPY ANSWER QUESTIONS 39 THROUGH 48; FOR A CAT/KITTEN ANSWER QUESTIONS 49 THROUGH 53.

DOG/PUPPY SECTION

39. Do you have a completely fenced yard? Yes ___ No ___ Height ___ Feet What type? _____
40. Do you have a dog door? Yes ___ No ___
41. Are there times the dog will be tied up? Yes ___ No ___ If yes, when? _____
42. Do you have a pool? Yes ___ No ___ If yes, how do you plan to introduce dog/puppy to pool? _____

- If yes, is there a fence around pool? Yes ___ No ___ If yes, Height ___ Feet What type? _____
43. Are you able and willing to walk/exercise a dog on a regular basis? Yes ___ No ___
44. Do you plan to hire a dog walker/use a daycare center? Yes ___ No ___
45. Will the dog spend any time in the garage? Yes ___ No ___ If yes, Explain: _____

46. Do you have experience with crate training? Yes _____ No _____ Housebreaking? Yes _____ No _____
47. Are you willing to take a dog/puppy to obedience classes? Yes _____ No _____ If no, why not _____
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48. If you drive a pickup truck, would you allow the dog to ride in the bed of the truck? Yes _____ No _____
 If yes, explain: _____

CAT/KITTEN SECTION

49. Do you have screens in your windows? Yes ___ No ___ Are the screens secured properly? Yes ___ No ___
50. Are you planning on declawing? Yes _____ No _____ Not Sure _____ If yes, Explain: _____
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51. Under what circumstances would you have the cat declawed? _____

52. Are you aware of the potential side effects of declawing a cat? Yes _____ No _____ Not Sure _____
53. Do you know how to trim a cats nails? Yes ___ No ___ If no, would you like to be shown? Yes ___ No ___
- *****

54. Are you familiar with your local animal control laws? Yes _____ No _____

55. How did you find out about A Tail To Be Told Animal Rescue? _____

56. Are you willing to have a representative of A Tail To Be Told Animal Rescue come to see where the pet will be living? Yes ___ No ___ If No, Explain: _____

57. Are you willing to sign legal pet adoption papers? Yes _____ No _____

58. Please provide two personal references:

Name _____ Relationship _____

Telephone _____ Email _____

Name _____ Relationship _____

Telephone _____ Email _____

By signing this form, I/We acknowledge that all information on this form is true and correct. I/We understand that any misrepresentation of fact may result in A Tail To Be Told Animal Rescue refusing adoption privileges to me/us. If my/our request for adoption is approved and later A Tail To Be Told Animal Rescue discovers that any of the above information is not true or correct, A Tail To Be Told Animal Rescue reserves the right to remove the adopted pet from my home.

Signature _____ Date _____

Signature _____ Date _____