

ADOPTION APPLICATION



Helping Animals Live Organization

615 Albany St, Little Falls, NY 13365

315-985-3738 halorescue.net

send application to: haloadopt1@gmail.com

APPLICANT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (h) _____ (c) _____ (w) _____

E-MAIL: _____

Completion of this form is required before your adoption will be considered. Applications may require a minimum 48-hour review. H.A.L.O. reserves the right to refuse any adoption in the best interest of the animal.

Please note: There will be careful consideration before placement to families with children under six years of age.

IN ORDER TO BE CONSIDERED AS AN ADOPTER, YOU MUST:

- ✓ Be 21 years of age or older
- ✓ Have the knowledge and consent of your landlord
- ✓ Be able and willing to spend the time, money and effort to provide the care and attention needed by a pet.

Please Answer the Following:

1. What kind of pet are you here to adopt? Cat ____ Kitten ____ Other ____
2. Would you consider an animal with special needs? Yes ____ No ____
3. Why do you want to adopt? Are you seeking a . . . (Check all that apply)
(a) companion for yourself ____ (b) companion for a child ____ (c) barn cat/mouser ____
(d) companion for another pet ____ (e) Other (specify) _____
4. Do you have any pets at this time? Y / N If yes, please answer the following:

NAME	BREED/SPECIES	AGE	SPAYED/NEUTERED
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Maintaining a pet can be costly. In addition to food and medication, a pet needs to be seen by a veterinarian at least once a year for annual vaccinations and check-ups.

5. Beyond annual check-ups, a pet will occasionally need to see a vet due to illness or accident. A routine vet visit generally ranges from \$50 to \$100. *Once you adopt a pet, H.A.L.O cannot assume further financial responsibility because of illness.*

Do you understand that, after you adopt a pet, you are responsible for its health care? Y / N

Are you prepared to meet these costs? Y / N

Do you plan on declawing the cat? Y / N

6. Veterinarian: _____ Phone No. _____

7. Do you currently live in a: house _____ apartment _____ mobile home _____ other _____

IF YOU RENT:

- Have you checked with your landlord to see if pets are allowed? Y / N
- Have you discussed with your landlord and agreed upon such matters as damage deposits and the cost of any repairs that might be needed? Y / N
- What is your landlord's name _____ Phone # _____

8. How many people are there in your household? _____

Is everyone in your home aware that you are considering pet adoption? Y / N

Has everyone agreed to the potential adoption? Y / N

Is anyone allergic to pet hair and dander? Y / N

Will children be involved in daily care? Y / N If yes, what are their ages? _____

Is someone home during the day? Y / N If no, how long will the pet be alone? _____

9. Where will the animal be housed during the day? _____ At night? _____

A new pet will take time to adjust to you, the new environment, other pets and new routines.

10. Do you intend to move over the next year? Y / N

11. Have you ever given up a pet? Y / N

If yes, to whom? _____ Why? _____

12. It is part of H.A.L.O.'s policy to follow-up on every adoption to see how you and your new pet are doing. This is routinely done by a volunteer via a phone call or by a home visit.

Is this acceptable to you? Y / N

13. Is there anything you would like to add that will help us find the right pet for you?

14. How did you hear about H.A.L.O? _____

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Please give us the name and phone # of two references (non-family members)

1. _____ Phone: _____

2. _____ Phone: _____

I ACKNOWLEDGE THE ABOVE INFORMATION TO BE TRUE.

By signing below, I am attesting to the truthfulness of my answers. Falsification of any of the above information will be grounds for rejection of this application and possible removal of adopted pet from my home. I consent to H.A.L.O. representatives discussing information on this application with any persons named on this application.

Signed: _____ Date: _____

Email to: **haloadopt1@gmail.com**

Mail or return to: **H.A.L.O, 615 Albany Street, Little Falls, NY 13365**

If you have any questions, please call: 315-985-3738

ADOPTION AGREEMENT

Companion Animal Being Adopted: _____

Foster Parent: _____

I agree that through adopting this companion animal from H.A.L.O. I will provide regular veterinary care and will consider the animal a member of my family for as long as he/she lives.

Signature

Date: _____

In some occasions, a kitten is too young to have been seen by a vet. Adoption can be completed and kitten held at HALO until vetting is complete. In this case a non-refundable fee is collected at time adoption is approved. ****only exception: fee will be refunded ONLY if a health issue is discovered prior to placement****

Adoption Fee: \$ _____ paid date: _____

****Note: In the rare occasion in which a cat/kitten is placed prior to Vetting, Adopter releases HALO from all responsibilities of health information knowledge. This does not exclude the need to return cat/kitten to be Spay/Neutered .**

Signatures: _____ Date: _____