



Adoption application will not be considered if not completely filled out

Please read the enclosed materials carefully and answer all questions completely. Critters Companion's adoption policy may be new to you and you should familiarize yourself with our requirements. You will be signing a legally binding contract that will require you to spay or neuter your pet by a specified date; obey all animal-related laws; provide for new licensing for any dog or cat adopted and provide proper health care for your pet. I will not bore you with the number of dogs and cats put to death everyday of the year, but I will say if you are not part of the solution you are definitely part of the problem. WE ARE HERE TO HELP!

Volunteer Adoption Specialists are available to help you in finding the right pet for your family, life-style, and living space, and help to prevent or try and solve specific behavior problems that are common with all animals. Please call 1-(920)-826-2320 or e-mail us at adopt@critterscompanion.org if you have any questions. You may e-mail this form to adopt@critterscompanion.org, fax to (920) 278-1498 or mail to PO Box 13 Abrams, WI 54101.

(Please put the name of the critter you are interested in thank you) _____

Name: _____ Date of Birth: _____

Permanent Address: _____

City, State, Zip: _____

Daytime Phone: () _____ Evening: () _____

Email: _____

Valid Driver's License () State ID Number () Military ID () Passport:
#: _____ Expire date: ____/____/____

1. Have you ever had a pet before? Yes () No () Type of pet(s): _____

A: Do you still have this/these pet(s)? Yes () or No () Spayed or Neutered
(circle or highlight one)

B: What type of Pet ID have you used in the past? _____



Adoption application will not be considered if not completely filled out

C: Please list all the pets that are currently living at your home now:

2. What type of activities do you like to do with your pet(s)?

3. How much time each day will you or someone from your family spend with your pet?

4. Where will your pet sleep? In the house () kennel or crate () fenced yard () tie-out/chain () garage () patio () Dog-run () basements () other, please explain:

5. What type of confinement will your pet have? _____

If kennel (for dogs), what size? _____. Height _____. Length _____

Describe the yard (entirely or partially fenced, unfenced, shaded, etc.)

6. How much are you willing to spend on vet bills when necessary? _____

7. Why did you choose Crittters Companion to look for a pet? _____

8. Does any member of your family have a pet allergy (check one)? () Yes () No
() Don't Know

9. Why do you want this particular pet (check all that apply) For your children ()
Companion for yourself () Watchdog () Mouser () Companion for other pet () other
please explain? _____

10. What would you do if you are unable to continue care for this pet?

11. Are your current pets Spayed/Neutered () Yes () No () Do not know**

Are your pets currently vaccinated () Yes () No () Do Not Know



Adoption application will not be considered if not completely filled out

12. What type of housing do you reside in?

Own home () Rent home () Apartment ()

Condo () Trailer park () Live w/parents () Other ()

- How long have you lived there? _____
- If Renting, Does your lease allow pets? Yes () No () Don't Know ()
- If Renting, Management/Landlord's Name

• Address _____ City _____ State
_____ Zip _____

• Phone number: __ (____) _____

- **Please provide a copy of your lease when you submit your application for adoption.**

13. Do you work or attend school full time? Yes () No ()

14. Place of employment or school: _____

Address: _____

Phone number: _____. How long have you been there? _____

15. What arrangements will you make for pet while you are at work, school, or out of town?

16. Have you ever adopted a pet from us or any other groups including out of state organizations?

17. Do you have a veterinarian and if so, what is the name and phone # Yes () No ()

18. Have you ever turned a pet into a shelter? If you have, please explain the situation:

19. Do you plan to have your new cat de-clawed? Yes/No

20. Name of nearest relative? _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: _____



Adoption application will not be considered if not completely filled out

21. Name of personal reference not living with you:

Address: _____ City: _____ State: _____
Zip: _____ Phone: _____.

Please list one reference at work or school:

Name: _____ Relationship: _____
Phone: Day () or () Evening _____ - _____ - _____

Have you ever been convicted of a felony? Yes () No ()

If yes, please describe:

I/We the undersigned; certify that all statements and answers are true and correct, and I/we understand that we may be subject to a background check including calling references listed. I realize that any untrue statements will deem reason for refusal of adoption or reclaiming of any adopted pet(s) from Crittters Companion.

Adopters Signature:

Date

Crittters Companion Volunteer:

Date

In the event you are unable to continue care for your companion we are to be notified and given two weeks to replace said pet into our rescue.

Please initial