



Southern Indiana Animal Rescue

Adoption Application

Contact Information

Name(s)	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone(s)	
Work Phone(s)	
Occupation(s)	
Employer Name(s)	
Age(s) (please include everyone in the home)	
E-Mail Address(es)	
Driver's License(s) Number and State (Please include all members of household)	

Additional Information

If children under 12 living in the home, how do you expect they will treat pets?

Name of pet you are interested in:

Breed and information you know about this pet:

Why do you think this pet will be a good match for your family?

I live in a: House Apartment Townhouse Condo Public Housing

Fenced Yard: Yes No

Outside Pen/Kennel: Yes No

If applicable: Does the landlord know you are interested in adopting this pet: Yes No

Landlord/Leasing Contact:

Daily Life

I want to adopt this pet because:

I hope that my new pet will want to: (cuddle, walk/jog, be active, etc; Please elaborate)

Are you willing to be patient with housetraining and accidents:

Do you have experience housetraining puppies or young animals:

I have visitors to my home: Not Much Seldom A lot

On a typical day my pet will be home alone_____ hours per day.

Where will the pet stay when no one is home?

Will your pet be primarily inside/outside or both?

Where do you plan for the pet to sleep?

What type of exercise will you provide for your pet?

How do you plan on preventing unwanted behavior (chewing, housetraining, jumping, etc.):

Are you willing to provide chewies, toys, etc for your pet to prevent boredom and destructive behavior?

Pet Ownership

Have you had pets before?

Do you have pets now?

Are they spayed/neutered?

Breed(s) and name(s):

Approximate age(s):

Vet you plan to use:

City:

State:

Are you currently a registered customer with this vet?

Thoughts/Beliefs

A pet is a social creature. When left alone for significant amounts of time he/she can become nervous, depressed, and/or bored. Have you seen a pet neglected in this area?

What assurance does this pet have that he/she will not be ignored, left alone, neglected, or discarded?

How do you feel about pets treated in this manner?

What do you expect to be the most difficult transition for you and this pet?

What will you do to help transition this pet into your home?

Have you budgeted to spend approximately \$700/year for food, toys, supplies, and vetting?

Would you like information on housetraining or any other pet issues?

What are some questions/concerns you may have?

Do you agree if things do not work out to return the pet to S.I.R.?

S.I.R. Agreement

All S.I.R. pets have been spayed or neutered prior to adoption. S.I.R. adult pets have been all shots up-to-date, de-wormer, Frontline, Microchip, heart worm testing, and heart worm prevention. *All S.I.R. puppies have been given their first set of shots. Puppies receive 2nd round shots depending on how long they have been waiting for adoption. In addition, puppies should receive 2 booster shots, 21 days apart, totaling 3 shot. Puppies are not eligible for rabies vaccination until 4 month of age.*

As an adopter, I agree to contact S.I.R. within the first 48 hours of adoption if I think my pet is sick. I agree to take this pet to a licensed veterinarian within 7 working days of adoption for a complete wellness check. (Note: Many vets offer "wellness check" services for free.) I also agree to provide yearly medical checkups, including vaccinations, and monthly flea/tick preventative and heart worm medication. I assume full responsibility for this pet. I will provide food, toys/chewies, water, shelter, and any veterinary treatment needed for his/her continued health and well being. I agree this pet will not be kept on a chain.

I agree that I am applying to adopt this pet and S.I.R. reserves the right to refuse to adopt any animal. I also agree that with/without notice S.I.R. may inquire or investigate the living conditions of this pet at any time. I agree S.I.R. may reclaim this pet if his/her living conditions are deemed unsuitable, unsatisfactory, or are in direct violation of this adoption application. I agree that a home visit MAY take place after the adoption process is complete. I hereby assume any risk that this pet may cause to my person, family, friends, or other pets.

Note: If you are filling out an online application, please keep a copy for your records.

Printed Name:

Signature:

Printed Name:

Signature:

Contacts:

Trish: SouthernIndianaAnimalRescue@gmail.com 502-974-8226

Bethany: dbs@insightbb.com

Rebecca: Rebecca.ferree@yahoo.com 502-807-3111

Kali: doggiesfurrever@yaho.com