

MICROCHIP NUMBER

ATTACH MC#



Spay/Neuter Date  
\_\_\_\_-\_\_-\_\_

With: \_\_\_\_\_

Animal Already Spayed/Neutered? Y / N.

**Adoption Application**

Our mission is for the animal to enjoy a better situation at your home than what we provide here at the Sanctuary.  
We don't adopt out dogs to life on a tie out or life in a kennel.

**Minimum Donation: \$75 dog, \$65 cat**

Date: \_\_\_\_\_ Animal's name: \_\_\_\_\_

<b>Species:</b> Dog / Cat	<b>Size:</b> S / M / L	<b>Age:</b>	<b>Color:</b>	<b>Sex:</b> M / F .	<b>Breed:</b>
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Name: \_\_\_\_\_

PLEASE PRINT

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell/Business phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Directions to guardian's home: (use back if needed): \_\_\_\_\_

If you rent, do you have written permission from your landlord to own a pet? Yes / No

Description of animal's play/exercise area: \_\_\_\_\_

How will you keep the animal from leaving your home? \_\_\_\_\_

Name of veterinarian: \_\_\_\_\_

What other animals are in your home? How long have you had them? \_\_\_\_\_

Other family members in your home: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### ***Agreements***

- \* Rainbow Friends had a policy of visiting your home before and after the adoption. I agree to this. \_\_\_\_\_ (initial)
- \* If this adoption does not work out, I will return the animal to Rainbow Friends \_\_\_\_\_ (initial)
- \* I agree to keep a cat indoors for at least two weeks and acclimate the animal. I also agree not to declaw the cat \_\_\_\_\_ (initial)
- \* I agree not to crop a dog's ears or dock its tail \_\_\_\_\_ (initial)
- \* Donation amount: \_\_\_\_\_ cash/check #: \_\_\_\_\_
- \* Additional agreements (if any):

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Print name	Signature	Date
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### ***For RFAS: Record of Adoption Visits***

Date of home visit: \_\_\_\_\_ Outcome: \_\_\_\_\_

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Notes:

Follow-up date:                      Phone:                      Visit:                      Outcome: