

ADOPTION APPLICATION
Helping Animals Live Organization

H.A.L.O., Inc.

615 Albany Street
Little Falls, NY 13365
315.823.0239
www.halorescue.net
fabunk@gmail.com

APPLICANT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (h) _____ (w) _____

E-MAIL: _____

Completion of this form is required before your adoption will be considered. Applications may require a 48-hour review. H.A.L.O. reserves the right to refuse any adoption in the best interest of the animal. Please note: No puppies or kittens will be adopted out 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: _____

Please mail or return to: **H.A.L.O, 72 North Ann St., Little Falls, NY 13365-4680**

If you have any questions, please call:

Faye Bunk: 315.823.0239 Andy Heckel: 315.823.4680

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: _____

Adoption Fee: \$ _____ pd.