

Voice For Animals Rescue and Sanctuary

1262 County Road 4620
Kempner, Texas 76539
254-699-0384

Adoption Application

voiceforanimalsrescue@gmail.com
<https://voiceforanimalsres.wixsite.com/vfars>
<https://www.facebook.com/voiceforanimalsrescue/>



For office use only:

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No Paws til all Paws are Home

Date _____

Time _____

Name of animal you wish to adopt _____

Your Name (Last, First) _____

Address _____

City _____ State _____ Zip Code _____

Phone Number(s)	Home: _____
	Cellular: _____
	Work: _____

Email Address _____ Date of Birth _____

Place of Employment and Position _____

Are you, your spouse, or significant other currently Enlisted Military? Yes
 No

How long before you are reassigned or transferred? _____

If being reassigned or transferred where will the pet live or will pet go with you? _____

Number of adults (18 and over) live in the home

Please list other adults in the home and relationship to you			
Name		Relationship	
Name		Relationship	
Name		Relationship	
Name		Relationship	
Name		Relationship	

Number of children (under age 18) in the home _____

Ages of children _____

Who will be the primary caregiver? _____

Is everyone in your household aware of your intentions to adopt a pet?
No

Will the pet live with you in your home or with someone else? _____

If someone else, who will the pet be living with and where? _____

Does anyone in your household have an allergy to animals? Yes No

Have you or anyone currently living at the address above ever been charged or convicted of animal neglect, cruelty/abuse or domestic violence? Yes No

Are you financially able to provide adequate food and shelter, annual vaccinations, exams and monthly heartworm, additional vet care for unexpected illness/injury, flea prevention, grooming and obedience training if necessary for the animal you wish to adopt? Yes No

Has any family or friend recently applied to adopt this same animal? Yes No

Have you ever been denied to adopt by another rescue or organization or animal control shelter? Yes No

If yes, explain _____

Have you or any adult living in the home ever had to surrender a pet to the Humane Society or Animal Control? Yes No

If yes, explain _____

What brought you to the decision to adopt a pet? _____

Do you have any pets in your home at this time? _____ If so how many? _____

If the pet you adopt today does not get along with pets already in the home, what are your plans? _____

Do you rent own
If you rent, is the landlord aware that you are applying to foster? Yes NO

Does landlord have a weight limit for animals being fostered? _____ Weight limit? _____

Have you adopted from Voice for Animals Rescue and Sanctuary before?

Yes	No
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If yes, when and what animal?
Do you still have the animal?

Yes	No
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 If no, explain _____

Do you rent or own property with livestock? _____ How much land? _____
Will animals be separated from livestock? _____ What livestock live on the land _____

Please provide three (3) friend, family or professional references

Name: _____ Phone Number: _____ Relation: _____
Name: _____ Phone Number: _____ Relation: _____
Name: _____ Phone Number: _____ Relation: _____

Please provide a number for a Veterinary reference

Name of Veterinary Hospital or Clinic: _____
Address of Veterinary Hospital or Clinic: _____
Phone number: _____

I do certify the information listed above is true and accurate to the best of my knowledge and that any information found to be untrue could result in my application being denied for an animal.

SIGNATURE OF APPLICANT _____

SHELTER VOLUNTEER THAT RECEIVED THIS FORM AND DATE RECEIVED :

Name _____
Signature _____
Date _____