

Halfway Home Pet Rescue
PO Box 488
Caribou Maine 04736

Norma B. Milton
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207-492-1722

ADOPTION APPLICATION

For _____ Date _____
(HHPR ID Code & Name)

Adopter's Name _____

Physical Address _____

Mailing Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Work Phone (spouse/partner) _____

Your Occupation & # of years _____

Occupation & # of years (spouse/partner) _____

Is this pet for your household? Yes No (circle one)

Do you: Own Rent Live with Friends or Family

How long have you lived at this address? If less than 6 months what was your previous address?

Name of Your Current Landlord _____

Address _____ Phone _____

Does the landlord allow pets? Yes No Do you plan to move in the near future? Yes No

How many adults live in your home? _____ How many children? _____ Ages _____

How many pets do you currently own? ___ dogs ___ cats ___ others Ages of pets _____

Are they all spayed/neutered? Yes No Who is your veterinarian? _____

Phone _____ May we call for verification of your pet(s) care? Yes No

Where will your pet be kept while you work? (circle) Indoors Outdoors Crated/Confined Run of the Home

Where will the pet be kept at night? (circle) Crated/Confined Run of the home Outdoors

Where will the pet be kept when outdoors? (circle) Fenced Yard Aerial Runner Tie Out Kennel Free Run

Please list 3 people (including your vet) you can give you reference as a safe, loving home for this pet.

Name: _____ Address: _____ Tel: _____

Name: _____ Address: _____ Tel: _____

Name: _____ Address: _____ Tel: _____

I certify that the information provided on this form is correct. I understand that any false statements made here constitute grounds for confiscation of the animal to Halfway Home Pet Rescue. I certify that I am financially able to care for this animal. I understand that that proper food and veterinary care can be costly and I am able to meet these requirements. I understand that a home check may be mandatory prior to the adoption. I understand and agree that Halfway Home Pet Rescue may demand return of this animal for any violation of the terms of adoption contract.

Signature of Applicant: _____

Printed Name: _____

◆.....◆
Decision of Organization: Approved Denied (reason for denial) _____

Signature of Interviewer: _____ Date: _____