



AFTLOW PET RESCUE . Pet Adoption Application

AFTLOW is a Non- Profit 501(c) 3 Tax Exempt Organization

Name of applicant Click or tap here to enter text.

Spouse's Name Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

City: Click or tap here to enter text.

State Click or tap here to enter text.

Zip Click or tap here to enter text.

Physical Address of Applicant Click or tap here to enter text. City Click or tap here to enter text.

State Click or tap here to enter text. Zip Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Home Phone: Click or tap here to enter text.

Cell Phone: Click or tap here to enter text.

1. Name of pet you are applying for Click or tap here to enter text.
2. Description of pet you are applying for Click or tap here to enter text.
3. Do you want this pet for: Companion Protection Gift Other, explain details here Click or tap here to enter text.
4. This pet will be without human companionship for about __ hours per day.
5. Where will your pet be kept during the day? Indoors Outdoors Dog Pen
Basement Crate Loose to roam house Garage Other, please explain here....
6. During the night where will the pet be kept? Click or tap here to enter text.
7. If adopting a Cat, do you plan to let it explore the great outdoors? Yes No
8. If adopting a cat, would you ever declaw? Yes No
9. Where do you live? House Apartment/Townhouse Other, please explain here....
Rent Own Other, please explain here..

Landlord's Name Click or tap here to enter text. Phone Click or tap here to enter text.

10. Does your landlord allow pets? Yes No Don't Know

Deposit Required Monthly Rent Increase \$ Click or tap here to enter text.

11. Please provide the following information about your household:

- a. Number of adults: Ages:
- b. Number of Children: Ages:

12. Is anyone in your household allergic to animals? Yes No If yes, Cats Dogs

13. What will you do with your pet if you move in the future? Click or tap here to enter text.

14. How much do you anticipate spending yearly to feed, vaccinate, license and provide medical care for your Pet?
Click or tap here to enter text.

15. Would you be willing to allow us to visit your home before the adoption is completed? Yes No

16. Have you ever surrendered or given up a pet? Yes No If yes, explain [Click or tap here to enter text.](#)

17. What type(s) of pets do you own or have owned in the last 10 years?

Name	Type/Breed	Kept Where	Age	Neutered Spayed	Sex	Still Own
				Yes No	Male Female	Yes No
				Yes No	Male Female	Yes No
				Yes No	Male Female	Yes No

18. Who is/was your veterinarian for the above animals? [Click or tap here to enter text.](#)

Address [Click or tap here to enter text.](#)

Phone [Click or tap here to enter text.](#)

19. Who is the veterinarian that you plan to use for your new pet? [Click or tap here to enter text.](#)

Address [Click or tap here to enter text.](#)

Phone [Click or tap here to enter text.](#)

Please provide three personal references not related to you:

1. Name [Click or tap here to enter text.](#) Address [Click or tap here to enter text.](#)

Phone [Click or tap here to enter text.](#)

2. Name [Click or tap here to enter text.](#) Address [Click or tap here to enter text.](#)

Phone [Click or tap here to enter text.](#)

3. Name [Click or tap here to enter text.](#) Address [Click or tap here to enter text.](#)

Phone [Click or tap here to enter text.](#)

20. Do you realize a dog/cat can live up to 15+ years? Yes No

21. It may take your pet several weeks to adjust to its new home, especially if other pets are involved. Are you prepared to allow this much time? Yes No

22. When would you be ready to bring your new pet home if approved? [Click or tap here to enter text.](#)

By signing the below, I certify that the information I have given is true and that I recognize that any misrepresentation of the facts may result in my losing privilege of adopting a pet from AFTLOW Inc. I authorize investigation of all statements on the application.

I certify that if I ever wish to surrender this animal, I shall surrender only to AFTLOW Inc. and no other agency.

I certify that after my initial home inspection, an additional home visit shall take place one month later on the date of [Click or tap here to enter text.](#)

Signature of Applicant [Click or tap here to enter text.](#)

Date [Click or tap here to enter text.](#)

Signature of Co-Applicant [Click or tap here to enter text.](#)

Date [Click or tap here to enter text.](#)

Completed applications may be emailed to: AFTLOWPetRescue@gmail.com

Or US Postal Service to: AFTLOW Inc. P.O. Box 125 Kerhonkson, NY 12446

Feel free to contact us with any questions or concerns: 845-332-7648

An adoption fee of \$115.00 is required for all feline adoptions

Please write your check or money order payable to: All for the Love of Whiskers or AFTLOW