



AFTLOW PET RESCUE

Pet Adoption Application

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

Name of Applicant: _____ Spouse's Name _____

Mailing Address: _____ City: _____ State _____ Zip _____

Physical Address of Applicant _____

Email Address: _____ @ _____

Home Phone: _____ Cell Phone: _____

1. Name of pet you are applying for _____
2. Description of pet you are applying for _____

~~Please note: the information AFTLOW is requesting may feel intrusive, but it is to help fit you with the perfect pet~~

3. Please provide the following information about your household:
 - a. Number of adults _____ Ages _____
 - b. Number of Children _____ Ages _____

4. 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
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Who is/was your veterinarian for the above animals? _____
 Address _____
 Phone _____

6. Who is the veterinarian that you plan to use for your new pet? _____

Address _____

Phone _____

Please provide three personal references not related to you:

1. Name _____ Address _____

Phone _____

2. Name _____ Address _____

Phone _____

3. Name _____ Address _____

Phone _____

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

8. This pet will be without human companionship for about _____ hours per day.

9. Where will your pet be kept during the day? Indoors Outdoors Dog Pen Basement

Crate Loose to roam house Garage

Other _____

10. During the night where will the pet be kept? _____

11. Where do you live? House Apartment/Townhouse Other _____

Rent Own Other _____

Landlord's Name _____ Phone _____

12. If you are a renter does your landlord allow pets? Yes Don't Know

Deposit Required Monthly Rent Increase \$ _____

13. How much property do you have? Please specify acreage: _____

14. Do you have a securely fenced in yard? Yes No

Type of Fence: _____ Height of Fence: _____

Dimensions of Fenced Area: _____

15. If you do not currently have a fenced in area, please explain how you will give your new adopted animal(s) adequate exercise and time for them to do their business:

Tether Hand Walk Other, please explain _____

16. What will you do with your pet if you move in the future? _____

17. How much do you anticipate spending yearly to feed, vaccinate, license and provide medical care for your Pet?

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

19. Have you ever surrendered or given up a pet? Yes No If yes, explain _____

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

21. So we can be sure to fit you with the perfect pet, how would you best describe the energy level of your household?

- Homebody Active Home with Kids, Noises, and Visitors
Moderate Hardly Ever Home
Active Outdoors Very Quiet Homebodies with very few visitors

22. Do you have children or grandchildren or any other children who visit the home often? If yes, please list their Ages/Age Range: _____

23. Applicant's current occupation and work hours: _____

24. Does either the applicant or co applicant work from home?

- () Applicant
() Co Applicant
() Neither
() Varies, explain _____

25. What is your reason for wanting to adopt a dog? **Circle** all that apply.

- | | | |
|-----------------|-------------|--------------------------|
| Gift | Family Pet | Agility/Ranch Work |
| Watch/Guard Dog | Companion | Pet Therapy |
| Hunting | Child's Pet | other, please list _____ |

26. Energy Level: What is your **preference** as far as the energy level of an adopted animal? Check all that apply.

- Affectionate Quiet and Calm Indoors Active Outdoors
High Energy Moderate Lap Dog that will cuddle

27. Are you looking for the animal(s) to primarily live Indoor Outdoor

28. On average how many hours a day will the animal(s) spend INDOORS? _____

29. Please specify. On average, how many hours a day will the animal(s) spend OUTDOORS? _____ If the animal(s) will be living INDOORS, will they be allowed on the furniture? Yes No Some of it

30. If the animal(s) will be living OUTDOORS what shelter will be provided? Please specify by **Circling** all that apply.

- Garage Dog House Barn Car Port Car Porch Shed
Other, please explain _____

31. What, in your mind, justifies giving up an animal? **Circle** any that apply

- | | | | |
|---------------------------------|-----------------------------|---------------|---------|
| Not House Broken | Behavioral/Obedience Issues | New Baby | Moving |
| Child Lost Interest | Shedding/Drooling | Size | Old Age |
| Too time-consuming | Divorce | Too Expensive | |
| If I get tired of the animal(s) | Medical Problems (Animal) | | |

Aggressive Behavior that cannot be corrected

Allergies (we are looking for a hypo allergenic dog)

Medical Problems (Human) if unable to care for the animal(s)

None of the above

Other, please specify _____

32. If your animal(s) later developed a medical issue that becomes too expensive, what would you do?

Take them to a local animal shelter

Find another rescue organization who could take them

Have them put down

Pay whatever it takes if my vet feels they can offer my animal(s) a good quality of life

Return them to AFTLOW

33. Do you give one of our representative's permissions to contact your past/current veterinarians as a reference and landlord if applicable? Yes No If no, please explain _____

34. 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

35. When would you be ready to bring your new pet home if approved? _____

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 a home inspection, an additional home inspection may be requested.

All applications become the property of AFTLOW.

Signature of Applicant _____

Date _____

Signature of Co-Applicant _____

Date _____

Completed applications may be emailed to: aftlowpetrescuehelp@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 is required for all Canine adoptions at the time of the adoption

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



APPLY FOR ADOPTION

Immediately get started with the consideration process by submitting an application!

**AFTLOW does not operate on a "first come, first serve" basis since we handle each adoption on a "case by case" basis, however we do not have any strict, specific qualifications or restrictions to apply.*

**Applicants must be at least 18 years of age; however, those under 21 years of age may be required to provide additional information and references.*

**Renters and Apartment dwellers are welcome to apply however may be required to provide additional information.*

**All applicants must agree to Home Inspection to confirm information provided on your application and applicants must be able to show proof of residency with a matching ID at the time of the Home Inspection.*

**Applications are reviewed in the order in which they are received.*

The consideration process which includes the submission and review of your application, reference checks, and a home inspection can take 2-14 business days solely depending on when we received your submitted application, our schedule, and interest already shown in the animal of interest.

Please be sure to read this application thoroughly and fill it out to its entirety. Failure to do so will result in an incomplete application and possible delay or rejection.

*****APPLICATIONS ARE REVIEWED IN THE ORDER IN WHICH THEY ARE RECEIVED*****

Any questions that may not pertain to an applicant simply put "Does Not Apply (DNA)" as your given answer.

All Applicants in addition to a veterinary reference must provide 3 personal references NOT RELATED TO THE APPLICANT OR THE CO APPLICANT.

Any applications received that have not been filled out to their entirety will be delayed in their process and have the possibility of being denied.

PLEASE BE AWARE THAT APPLICATIONS ARE OUR PRIORITY TO REVIEW AND GENERAL EMAIL INQUIRES MAY GET OVERLOOKED
If you are emailing your application, please put the requested animals name in the subject line

You have applied today to adopt _____

The Foster whom is caring for this pet is _____ Phone _____

Please feel free to reach out to your foster with any questions or concerns you may have regarding the pet you are applying for. Please allow a reasonable time frame for the Foster to return your call or message. All of our Fosters/Volunteers have regular full-time jobs.