



# ANIMAL LIFELINE OF IOWA ADOPTION APPLICATION

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Today's Date \_\_\_\_\_

Dog \_\_\_\_\_ Cat \_\_\_\_\_

Animal's Name \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Do You: Own you home \_\_\_\_\_ Rent\* \_\_\_\_\_ Live with relatives \_\_\_\_\_ Other \_\_\_\_\_

Is your home: Apartment \_\_\_\_\_ Trailer \_\_\_\_\_ Duplex \_\_\_\_\_ Private Single Dwelling \_\_\_\_\_

Previous address if less than 2 years at current address \_\_\_\_\_ How long? \_\_\_\_\_

*\*If renting we must have written consent from your landlord-allowing pets.\**

Landlord Name \_\_\_\_\_ Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Do you (or spouse/parents) work for a company that requires frequent moves? \_\_\_\_\_

If yes, please explain what will happen to this pet when you move \_\_\_\_\_

Other Members of Household:

Spouse \_\_\_\_\_ Spouse's Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Children: (include Ages) \_\_\_\_\_

Others in household: \_\_\_\_\_

How do the other household members feel about having a pet? \_\_\_\_\_

Does anyone object? \_\_\_\_\_ Or have allergies? \_\_\_\_\_

Who will have the major responsibility for this pet? \_\_\_\_\_

The reason(s) you wish to adopt a pet: (mark all that apply)

As a gift \_\_\_\_\_ Child's pet \_\_\_\_\_ For someone else \_\_\_\_\_ Family companion \_\_\_\_\_  
Mouser \_\_\_\_\_ Barn Cat \_\_\_\_\_ Guard dog \_\_\_\_\_ My own companion \_\_\_\_\_  
Hunting Dog \_\_\_\_\_ Other \_\_\_\_\_

OTHER PETS in Household? Breed \_\_\_\_\_ Age \_\_\_\_\_ Size \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_

Breed \_\_\_\_\_ Age \_\_\_\_\_ Size \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_

Breed \_\_\_\_\_ Age \_\_\_\_\_ Size \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_

Have you adopted from us before? \_\_\_\_\_ If so, when? \_\_\_\_\_ Who? \_\_\_\_\_ What happened to that pet? \_\_\_\_\_

If you do not currently have a pet, have you ever owned pets in the past? \_\_\_\_\_

If yes, what happened to your last pet? \_\_\_\_\_

Veterinarian's Name \_\_\_\_\_ Phone \_\_\_\_\_

Do you have a current record with this Vet? \_\_\_\_\_ Date of Last Visit \_\_\_\_\_

Do you understand and agree to provide necessary veterinary care for this animal? \_\_\_\_\_ Including:

**FOR DOGS:** Rabies/Distemper/Parvo vaccinations and annual heartworm checks and use of preventative? \_\_\_\_\_

**FOR CATS:** Rabies/Distemper/Feline Leukemia vaccination? \_\_\_\_\_

**AND** provide any care, routine or emergency that is recommended by your Vet? \_\_\_\_\_

Is this to be an inside or outside pet? \_\_\_\_\_ If outside, what type of shelter will you provide (be specific):

During the summer months? \_\_\_\_\_ During the winter months? \_\_\_\_\_

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Are you aware of the risks involved if a dog is both inside and outside during any weather other than moderate? \_\_\_\_\_

Where will this pet spend its time? During the days? \_\_\_\_\_ Evenings? \_\_\_\_\_

What is the maximum length of time your pet will be left alone? \_\_\_\_\_ How often? \_\_\_\_\_

Is there an adult home during the day? \_\_\_\_\_ During the evening? \_\_\_\_\_

**FOR DOGS:** Is your yard completely fenced? \_\_\_\_\_ Type of fence? \_\_\_\_\_ How High? \_\_\_\_\_

If you do not have a fence, how do you plan to exercise your new dog? \_\_\_\_\_

How often will you be able to do this? \_\_\_\_\_

I/We plan to have this pet for \_\_\_\_\_ (length of time)

Where will you new pet sleep? House \_\_\_\_\_ Unheated porch \_\_\_\_\_ Heated porch \_\_\_\_\_ Garage \_\_\_\_\_ Doghouse \_\_\_\_\_

My bedroom \_\_\_\_\_ Outside in the open \_\_\_\_\_ Heated basement \_\_\_\_\_ Unheated basement \_\_\_\_\_ Other \_\_\_\_\_

How did you find out about **Animal Lifeline of Iowa**? \_\_\_\_\_

What type/brand of pet food do you plan to use? \_\_\_\_\_

What items, other than pet food, do you plan to have for your new pet? \_\_\_\_\_

If your new pet were a breed that may be a candidate for cosmetic surgery, would you have it done? \_\_\_\_\_

If so, please check the items that apply: Declaw \_\_\_\_\_ Ear Crop \_\_\_\_\_ Tail Bob \_\_\_\_\_ Other \_\_\_\_\_

Do you feel you can afford the cost of maintaining your pet, both now and for their lifetime (15+ yrs)? \_\_\_\_\_

What provisions have you made for the introduction of this new family member into your home? \_\_\_\_\_

Do you understand that there may be some adjustment problems, at first, which may require training and additional attention? \_\_\_\_\_ Are you able and willing to work with this pet in this regard? \_\_\_\_\_

Will you agree to contact **Animal Lifeline of Iowa, Inc.** and return the pet if you can no longer keep this pet for **any** reason? \_\_\_\_\_ Do you understand that you are not allowed to sell or give this pet to anyone? \_\_\_\_\_

Please list two references, other than relatives. Please include name, address and phone number:

Do you understand that references will be checked? \_\_\_\_\_

Do you understand and agree to allow Animal Lifeline of Iowa, Inc to conduct a pre-adoption home visit and post-adoption home visit, should they deem it necessary? \_\_\_\_\_

I give Animal Lifeline of Iowa, Inc. permission to verify any and all information given by me on this application. I understand that any false information given will disqualify my application to adopt.

Applicant Signature \_\_\_\_\_

Animal Lifeline Representative Signature \_\_\_\_\_

For Office Use Only:

\_\_\_\_\_ Approved \$ \_\_\_\_\_ Deposit Received Cash \_\_\_\_\_ Check \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card \_\_\_\_\_

Anticipated "Go Home" Date \_\_\_\_\_

NOTES/COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_