



# Hope Marie's Fund Adoption Application

**You must be 21 years of age and have a valid driver's license or picture ID to adopt a pet**

Pets need veterinary care throughout their lives. Before you adopt a pet, please be sure you have budgeted for food, annual veterinary visits, heartworm prevention, flea and tick prevention, vaccines, and boarding/ grooming fees. Illness, accidents, and unexpected events can occur at any time. Please DO NOT adopt a pet if you cannot provide for ongoing care!

Today's date: \_\_\_\_\_ Name of pet you are interested in adopting: \_\_\_\_\_

## PERSONAL INFORMATION

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

I share my home with \_\_\_\_\_ Adults \_\_\_\_\_ Children - Ages of children \_\_\_\_\_

## HOUSEHOLD INFORMATION

Does anyone in the house have any known allergies to dogs or cats? \_\_\_\_\_

Do you own or rent your home? \_\_\_\_\_

*If renting, please list landlord information below as we need this to verify that you are allowed to have a pet.*

Name of Landlord: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you lived at the current residence? \_\_\_\_\_

Do you have a fenced yard? \_\_\_\_\_ If so, how high? \_\_\_\_\_ What type? \_\_\_\_\_

Do you plan to move in the next few years? \_\_\_\_\_

Do you plan to find suitable housing that allows you to keep the pet? \_\_\_\_\_

## CURRENT PETS

Current pets in the household:

# of indoor dogs: \_\_\_\_\_ # of outdoor dogs: \_\_\_\_\_ # of indoor cats: \_\_\_\_\_ # of outdoor cats: \_\_\_\_\_

Other: \_\_\_\_\_

Are the other pets in the household spayed/neutered? \_\_\_\_\_

If no, why not? \_\_\_\_\_

Are the other pets on heartworm prevention? \_\_\_\_\_

If no, why not? \_\_\_\_\_

If you have cats, are they tested for feline leukemia? \_\_\_\_\_

If no, why not? \_\_\_\_\_

## HISTORY

Have you owned a pet before? \_\_\_\_\_

What happened to your last pet? (i.e., surrendered, died, gave away, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever surrendered a pet? \_\_\_\_\_ If so, please explain the circumstances/reasons. \_\_\_\_\_

**RESPONSIBILITY**

Where will the pet stay when you are not at home (i.e. crate, garage, house, etc.)? \_\_\_\_\_

Where will he/she sleep? \_\_\_\_\_

What do you estimate, as the cost of veterinary care and feeding, etc. for this pet for one year? \_\_\_\_\_

Who will be in charge of caring for the pet? \_\_\_\_\_

Why do you want this particular pet? (i.e., feel sorry for it, too cute to leave behind. companionship, teach kids responsibility, breeding, etc.) \_\_\_\_\_

Please list your veterinarian: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you been associated with this doctor / hospital? \_\_\_\_\_

Please list an additional reference of a non-family member:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**The Adoption Fee for dogs is \$250. The Adoption Fee for cats is \$100.**

**This fee includes all current vaccinations, microchip, fecal, heartworm and feline leukemia/ immunodeficiency viral testing as appropriate, and the pet is spayed or neutered. The fee also includes two months worth of Heartworm prevention.**

If the pet is too young for the spay/neuter surgery or completed vaccine series, it may still be released into your care but would need to be returned for completion of the vaccines or surgery.

We check references and a home visit is required to complete the adoption.

By signing below, you are indicating that the information provided in this application is accurate and true and agree to allow us to request a release of veterinary information on current and past pets and authorize the veterinarian or his/her representative to discuss the care you provide for your pets with a member of Hope Marie's Fund rescue.

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

This application may be returned to:

**MAIL:**

Hope Marie's Fund  
c/o Bargersville Veterinary Hospital  
4253 N. State Rd. 135 Franklin, IN 46131

**FAX:**

317-422-9563

**EMAIL:**

[hopemariesfund@gmail.com](mailto:hopenariesfund@gmail.com)