

# Adoption Application



Revised 10/11/16

Date		Time		<b>THIS AREA IS FOR OFFICE USE ONLY</b>					
Name			Date of Birth		Person's PetPoint ID				
<i>Optional: Put a co-owner's personal information on second application and staple to this one.</i>				Dog		Cat			
Street Address				Unit/Apt.#		Matchmaker's Name			
City, State			Zip Code	County		Animal's Name	Location		
Home Phone		Cell Phone		Work Phone			Animal's PetPoint ID		
Email				Animal HOLD information					
Address Confirmation	Driver's License Number:			License State And Type:			Hold Entered (date and initials)		
Checked By	Other								
Do you rent?	Please explain any Landlord/Management/HOA pet restrictions:						Has person interacted with the animal?	Yes	No
Yes	No								
Previous address (if <2yrs at current)				Zip Code	County		Is a meet and greet needed?	Yes	No
Have you ever been issued an Animal Control citation?			No	<i>If yes, explain</i>				Matchmaker's Notes	
			Yes						
# of adults in household		# of children in household		Have you ever owned a pet?	Yes	No			

**Please list ALL PAST AND CURRENT pets below. Use the back if you need more space.**

Pet's Name	Breed (Cat/Dog/Other)	How long did you have the animal?	Outcome (died/living/given away/other) – Please provide outcome details.	Was animal spayed/neutered? (yes/no)

How did you hear about BARCS?

**TURN OVER, FILL OUT SECOND PAGE**

Why are you adopting an animal today?			
Name of your veterinarian (doctor or company). <b>If you do not currently have a veterinarian, where would you take your animal in case of emergency?</b>			
Where will the animal spend most of its time when you <b>are not</b> home?			
Where will the animal spend most of its time when you <b>are</b> home?			
Would you spay/neuter ("alter/fix") your animal?	Yes	No	If NO, explain why
Would you like to make an additional donation to help the shelter animals?	Yes	No	If YES, please indicate amount to be added to your receipt: \$ _____
I consent to allow BARCS to share my contact information with Pethealth, Inc. for the purposes of receiving <b>30 days free pet health insurance</b> . I understand that Pethealth Services (USA) Inc and PTZ Insurance Agency Ltd. may call, mail, or email me. I consent to receive these calls, and can decline to receive them at any time in the future. YES ___ NO ___			
I have read the questions above. I certify my information is complete and true, and I understand any false information may void this application. I authorize BARCS to verify the information provided. I also understand that BARCS reserves the right to deny my application.			
Print Name		Signature	
<b>I would like more information on:</b> <b>Dogs:</b> <ul style="list-style-type: none"> <li><input type="radio"/> Adjustment to new home</li> <li><input type="radio"/> Introduction to other pets</li> <li><input type="radio"/> Crate training</li> <li><input type="radio"/> Housebreaking</li> <li><input type="radio"/> Exercise</li> <li><input type="radio"/> Socialization with children</li> <li><input type="radio"/> Behavior (mouthing/food aggression)</li> </ul>		<b>Cats:</b> <ul style="list-style-type: none"> <li><input type="radio"/> Adjustment to new home</li> <li><input type="radio"/> Introduction to other pets</li> <li><input type="radio"/> Litter box training/issues</li> <li><input type="radio"/> Scratching and nail maintenance</li> <li><input type="radio"/> Keeping cats indoors</li> <li><input type="radio"/> Socialization with children</li> </ul>	
FOR OFFICE USE ONLY			
Check jurisdiction on property search	Initials/ date	Notes:	
Check for CSR or AC verification	Initials/ date		
Check for PetPoint DNA	Initials/ date		
Additional Notes:			
Application approved	Initials/ date	Application denied	Initials/ date
Applicant called/emailed	Initials/ date	Memo entered in PetPoint	Initials/ date