



613 Dewey Street
Anderson, IN 46016
www.inapl.org
adopt@inapl.org
(765) 356-0900
Fax: (765) 374-3343

ADOPTION APPLICATION

Date: ___/___/___

First name: _____ MI: ___ Last name: _____ D.O.B. ___/___/___

Address: _____

City: _____ State: _____ Zip: _____

Phone (circle-Home/Cell): _____ County: _____

E-mail address: _____

Are you a student? Yes No What contact method do you prefer? E-mail Phone

Co-applicant/ Spouse

First name: _____ MI: ___ Last name: _____ D.O.B. ___/___/___

Do you own or rent your home? Own Rent

Landlord Name: _____ Phone Number: _____

Type of Residence: House Apartment Condominium Mobile Home

Are there any other adults living in your home? Please provide their information below:

*First name: _____ MI: ___ Last name: _____ D.O.B. ___/___/___

Phone (circle- Home/Cell): _____ Relationship: _____

Any children living in the home? Yes No List Ages: _____

What kind of animal are you interested in adopting? Dog Cat

Do you have a particular animal in mind? If not, what kind of breed, gender, age, etc. are you looking for?

Which best describes the activity level in your home?

Very Active Active Somewhat Active Quiet

Are you willing to crate train your new pet? Yes No

Which best describes your yard?

Fully Fenced Partially Fenced Open

If your yard is fenced, what type of fencing? (chain link, wood privacy, etc. and height):

Where will your pet be kept most of the time?

Indoors Only (with potty breaks) Outdoors Only Indoors and Outdoors

Please tell us about the dogs/cats currently living in your home

Name of Pet	Type of Pet (Dog/Cat) and Breed	Age	Male/Female	Spayed or Neutered? (Yes/No)	UTD on shots and Heartworm Preventative (Yes/No)

Please list Veterinarian(s) who are caring for your current pets or who have cared for your pets in the past.

Clinic Name: _____ City/State: _____ Phone: _____

What name are the vet records under? _____

Please tell us about the pets you have had in the last five years and are no longer with you (Example: name of dog/cat: euthanized, old age, gave away, etc.):

Reference (Non-Family and does NOT live with you)

Name: _____ Phone Number: _____

I understand that:

- I understand that The Animal Protection League will contact the veterinarian(s) I have listed on this form. By providing APL with my veterinarian(s) information, I am allowing APL to contact my veterinarian(s) and authorize the release of information to APL.
- I agree to return my pet(s) to THE ANIMAL PROTECTION LEAGUE if I become unable to keep the adopted animal(s) for any reason.
- I accept that if my application should be denied, I may or may not be given full disclosure to the reason for denial.
- By signing below, I agree to follow the adoption rules of The Animal Protection League and hereby certify that the information I have provided on my application is true and correct.

Signature of Applicant: _____ Date: _____