

**Kindred Spirits Animal Network Inc.
Adoption Application**

P.O. Box 86 -- Mazomanie, WI 53560

Fax 608.795.0081

www.kindredspiritswi.org

The goal of our Adoption Program is to find permanent, loving and responsible homes for the animals in our care. We try to find a match that considers not only the best interest of the animal, but also those of the adopter(s). Some of the animals have come from abusive or negligent homes.

As a potential adopter, please be aware that most of the animals that are up for adoption will need an abundance of patience, understanding, time and training to make him or her a wonderful addition to your family.

Please complete the application in its entirety, as incomplete applications will not be processed.

In order to be considered for adoption, you must:

- Be 18 years of age.
- Have formal identification (i.e. Drivers license, etc)
- Have the consent of all adults living in the household to adopt.
- Understand we have the right to deny or accept any application.

Please print:

Date of application: _____

Name of Animal(s) you are interested in adopting:

Your Name: _____ DOB: _____

Drivers License#: _____

Address (no PO Box please): _____

City/State/Zip: _____

Email: _____ Home Phone #: _____

Work phone #: _____ Cell phone #: _____

Why would you like to adopt this pet?

Who are you adopting this pet for?

Where will this pet be kept: INDOOR OUTDOOR BOTH

How many hours per day will your new pet be alone? _____

During this time where will your pet be kept? _____

Do you live in a house? Apartment Condo Mobile home
Other _____

Do you (check one) Rent Own Other arrangements _____

Landlords Name: _____

Phone number: _____

***Note you must have landlord's permission to adopt any animal.**

Will everyone in the household be present for the adoption? Yes No

What household members will be responsible for the care and feeding of this pet? _____

Does anyone in your household have any allergies to animals? Yes No
Unsure _____

Are you considering moving in the next few months? Yes No
Unsure _____

What animals do you have currently living in your household? Please list all pets you have had (whether they are living with you now or not) in the last 5 years. Use additional paper if necessary.

Name	Breed	Age	Sex	Altered	Declawed	Where kept?

Are all animals you have now up to date on their rabies and distemper vaccinations:

Yes ___ No ___ Unsure ___

What veterinarian do you use? Name: _____

Clinic name: _____

City: _____ State _____ Zip _____

Clinic Phone #: _____

By signing below, I certify that the information I have given is true. I understand that Kindred Spirits Animal Network Inc. has the right to deny my application for any situation that would be contrary to the best interest of the animal. I acknowledge that any misrepresentation will disqualify me from approval. I acknowledge that misrepresentation may result in removal of the adopted pet. I also agree to comply with Kindred Spirits Animal Network Inc policy and have this cat/dog spayed/neutered when the animal is age appropriate or otherwise advised by my veterinarian. I authorize my veterinarian to release any information requested by Kindred Spirits Animal Network Inc. I understand that Kindred Spirits Animal Network Inc. does not warrant the temperament or health of any animal and agree to hold them harmless.

I also agree that should I adopt the above-mentioned pet and things do not work out, the animal will be returned to Kindred Spirits Animal Network Inc.

Please fill out the above application and submit by one of the following methods:

Mail to: P.O. Box 86, Mazomanie, WI 53560

Fax to: 608.795.0081

Signature: _____

Date: _____

Signature: _____

Date: _____

*****Office Use Only*****

Reviewed by: _____ Date: _____

Records check: CCAP _____ Kindred Spirits Records _____

Acceptable: Yes ___ No ___ IF no, please indicate which record check was not acceptable and why (attach print out if necessary):

Date/Initial of who did records check: _____

Veterinarian Check: Yes ___ No ___ Date/Initials:

Comments:

Animals up to date on shots: Yes ___ No ___ Heartworm: Yes ___ No ___

Housing/Landlord Verified: Yes ___ No ___ Date/Initials: _____

Comments: _____

Application approved: Yes ___ pending: ___ (list what you are waiting for):

No ___ If no, please explain: _____

Date/Initials of person approving application: _____

Applicant Notified of approval or denial? Yes ___ No ___

How notified: Phone ___ Mail ___ Email ___ Date notified: _____