



Rockland Green "RG CARES" Animal Shelter  
 65 Firemens Memorial Drive  
 Pomona, NY 10970  
 845-414-9700  
 Consultants: Four Legs Good Inc.

## Adoption Application

Applicant name: \_\_\_\_\_ at least 21 years of age  
 Address (w/City, State): \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Animal Type Interested in:            Cat                            Dog                            Small Animal  
 Animal Name(s) Interested in Adopting: \_\_\_\_\_  
 For whom are you adopting the animal?            Self                            Gift

**PREFERENCES FOR ANIMAL INTERESTED IN ADOPTING:**            Male                            Female  
 Personality type: \_\_\_\_\_ Weight/Size at fully grown: \_\_\_\_\_  
 Age:                            Young                            Adult

**FOR CAT:**                            Long Hair                            Short Hair                            Color: \_\_\_\_\_  
 Are you planning to declaw your cat?            Yes                            No  
 If a disciplinary or behavior problem arises, what steps will you take to work on it?  
 Jumps on the counter: \_\_\_\_\_  
 Scratches Furniture: \_\_\_\_\_  
 Urinates outside the litter box: \_\_\_\_\_

**FOR DOG:**    Breed/type: \_\_\_\_\_ Hair Length: \_\_\_\_\_  
 Will there be a fully-fenced-in yard?            Yes                            No  
 If Yes, Fence Type:                            Wood                            Chain Link                            Other: \_\_\_\_\_  
 If No, when will you use a leash            Always                            Sometimes                            Never  
 If a disciplinary or behavior problem arises, what steps will you take to work on it?  
 Housebreak: \_\_\_\_\_  
 Biting or scratching: \_\_\_\_\_  
 Barking: \_\_\_\_\_

**FOR SMALL ANIMAL: (Rabbit, Guinea Pig)**  
 Breed/type: \_\_\_\_\_ Hair Length/Color: \_\_\_\_\_  
 How long do you expect it to take a small animal to adjust to a new home, learn proper behavior, & what steps will you take if a disciplinary or behavior problem arises?  
 \_\_\_\_\_  
 \_\_\_\_\_

Applicant name: \_\_\_\_\_

**HOUSEHOLD INFORMATION WHERE ANIMAL WILL LIVE:**

1. Current occupation of Applicant: \_\_\_\_\_
2. Current occupation of Spouse (If applicable): \_\_\_\_\_
3. How many people currently reside in the household? \_\_\_\_\_
4. Any children in the household?      Yes      No      If Yes, List ages: \_\_\_\_\_
5. Does any member of the family have any allergies to animals?      Yes      No  
    a. If yes, explain: \_\_\_\_\_
6. Who will be responsible for the Animal's care? \_\_\_\_\_
7. Select Residence Type:      Apartment      Condo      House
8. Is residence owned or rented?      Owned      Rented  
    a. If you rented:
  - i. Are companion animals allowed?      Yes      No
  - ii. Landlord Name \_\_\_\_\_
  - iii. Landlord Phone Number \_\_\_\_\_
9. Will the animal be:      Indoor only      Outdoor Only      Both
10. Will anyone be home during the day?      Yes      No  
    a. If No, how many hours will the animal be left unattended? \_\_\_\_\_
11. When no one is home, where will the animal be kept? \_\_\_\_\_
12. If you move, what will you do with the animal? \_\_\_\_\_

**COMPANION ANIMALS CURRENTLY OR PREVIOUSLY OWNED:**

1. Have you ever had a companion animal before?      Yes      No
2. Companion animals currently or previously living in household:

Name	Type/ Breed	Years in care	Current or Previous	Reason no longer own.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

  - a. Are or were all cats & dogs neutered/Spayed?      Yes      No  
    i. If No, Explain \_\_\_\_\_
  - b. Are/were they:      Indoor only      Outdoor Only      Both
  - c. Are all companion animals current on their vaccinations?      Yes      No
3. Are you financially able & willing to provide checkups, vaccinations & medical care?      Yes      No

Applicant name: \_\_\_\_\_

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4. What precautions would be taken to properly introduce a new animal into the home where there are other animals (dog, bird, rabbit, another cat, etc.)? \_\_\_\_\_  
\_\_\_\_\_
  5. What will happen if the new animal does not get along with other companion animals?  
\_\_\_\_\_
  6. What other agencies have you adopted an animal from? \_\_\_\_\_  
\_\_\_\_\_

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**REFERENCES**

Name of veterinarian: \_\_\_\_\_ Phone number: \_\_\_\_\_

**3 REFERENCES: (Not related to applicant family)**

**Reference 1:** Name: \_\_\_\_\_

How are you associated? \_\_\_\_\_ How long: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Reference 2:** Name: \_\_\_\_\_

How are you associated? \_\_\_\_\_ How long: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Reference 3:** Name: \_\_\_\_\_

How are you associated? \_\_\_\_\_ How long: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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- |  |     |    |
|--|-----|----|
| Are you willing to familiarize yourself with your local animal control laws? | Yes | No |
| Are you willing to sign legal pet adoption papers?                           | Yes | No |
| Do you agree to permit a follow/up visit or phone call?                      | Yes | No |

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**AGREEMENT**

By signing this form, I/we acknowledge that all information on this form is true and correct. I/we understand that any misrepresentation of fact may result in Rockland Green "RG CARES" animal Shelter and consultants Four Legs Good, Inc. refusing adoption privileges to me/us. If my/our request for adoption is approved and later Rockland Green "RG CARES" animal shelter and consultants Four Legs Good, Inc. discovers the above information is not true or correct, Rockland Green "RG CARES" animal Shelter and consultants Four Legs Good, Inc. reserves the right to remove the adopted animal from my residence.

Applicant name: \_\_\_\_\_

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