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:_____

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?_____

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: _____

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

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: _____