

Animal Care Hospital of Reynoldsburg
 7775 E. Main Street Reynoldsburg OH 43068
 614-864-0465
Animacarehospital1@yahoo.com

Adoption/Foster Application

Thank you for applying for one of our rescued friends. Please make sure to fill the application out completely and accurately. It takes 24-72 hours to process applications. Please check your email as this is how we do correspond and send final responses.

Date: _____ Email (Required):

Name: _____

Date of Birth: _____ Phone: _____

Address: _____ City: _____ Zip: _____ County:

Length at address: _____

Which best describes your home: Own ___ Rent ___ House ___ Condo ___ Apartment ___
 Farm ___

If you rent, we will call to confirm pets are allowed.

Name of Landlord or Complex? _____ Phone
 #:() _____

Employer: _____ Job Title:

Full name of ALL household members	Date of birth	Relationship	Employer / Job Title	Allergies/Asthma Please describe

Have you or any member of your household been convicted of a crime against animals? Yes ___
 No ___

I am interested in (Name of cat): _____ Adopt ___ Foster _____

If undecided, are you looking for a: Cat ___ Dog ___ Baby ___ Adult ___ Male ___ Female ___

Reason for wanting a pet: Family pet ___ Childs Pet ___ Barn Mouser ___ Breeding ___ Companion ___

(Select as many as apply)

Is this pet a gift? Yes ___ No ___ If yes, who is the recipient? _____ Age? _____

Would this animal be: Inside _____ Outside _____ Inside and Outside _____

Do you plan to declaw? Yes ___ No ___ How many hours a day will this pet be left alone?

If this pet becomes ill or injured, are you able to spend \$500 or more for veterinary care?
Yes ___ No ___

Please list all CURRENT PETS living with you:

Name of Pet	Cat or Dog	Breed	Age	Spay/Neutered	Where kept (circle)	
					In	Out
					In	Out
					In	Out
					In	Out
					In	Out
					In	Out

Name of ALL veterinarians who have provided care for your current pets.
Applications won't be reviewed without this information.

Name of Clinic: _____ Phone: _____

Name of Clinic: _____ Phone: _____

Please list all PREVIOUSLY OWNED PETS from the last 10 years:

Name of Pet	Cat/Dog/Other	Age	Spayed or neutered?	What happened?

Have you re-homed or given away a pet in the past? Yes ___ No ___

If yes please explain why and where the pet went?

Name of reference: _____ Phone: _____

Relationship to reference: _____

I understand that the Animal Care Hospital of Reynoldsburg reserves the right to deny an adoption to anyone that does not meet the organization's adoption criteria.

I understand that completing an application does not guarantee approval.

By signing below I indicate that I have answered every question truthfully and am aware that any false answers will be grounds for immediate rejection.

I give the Animal Care Hospital permission to contact all references, landlord, and veterinarian(s), giving them permission to verify all application information.

Signature

Date