

Misty Eyes Animal Center

616 South CR 800E
Avon, IN 46123
317-858-8022
Cherie@MistyEyes.org

Adoption Application

(All Fields Required)

Full Name: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____

Names and ages of the people living in your household, including yourself: _____

Present employer and length of employment: _____

Name of pet in which you are interested, or type/characteristics of pet you are seeking: _____

What attracted you to this particular pet or type of pet: _____

Are you willing to spend the time and share the space to properly care for this animal during its life-time? Yes No

Do you realize and understand that on a **regular basis** this animal will require proper grooming, dental care, exercise and mental stimulation, along with annual veterinary care? Yes No

Animals that are rescued have sometimes been in abusive and/or neglectful situations and may have difficulty making the transition to a new forever home. Are you willing to be patient while the animal adjusts to a new home? Yes No

Are you open to working with someone from this rescue to assist you in transitioning the animal should behavior problems arise: Yes No

Have you ever surrendered a pet? If so, please explain the circumstances. Yes No

What is your current living arrangement (i.e., house, apartment, etc.) _____

How long have you lived at this address: _____ Do you Own Rent?

If you rent, does your lease allow pets? Yes No

Landlord Name: _____ Phone: _____

Will the animal be a part of your family, living inside the house? **Yes** **No**

Do you have a fenced in yard? **Yes** **No**

If yes, what type? _____

How many hours per day will the animal be alone? _____

Do you own any pets at the present time? **Yes** **No**

If yes, please provide the following information for each pet:

Name	Breed/Species Spayed/Neutered?	Age	Up To Date On Shots?	Do you use monthly heartworm preventative?

If no, is this your first experience as a pet owner? **Yes** **No**

If no, and you have had pets in the past, what type were they, and what happened to them?

Our animals are provided a premium food and are fed according to the recommended daily amount. What type of food will you be supplying for him/her? _____

We prohibit cosmetic surgeries on our pets, unless a veterinarian determines it to be a medical necessity, such as declawing cats, ear cropping and tail docking in dogs. Will you adhere to this policy?

Yes **No**

Please provide your veterinarian's information (where your pets are vaccinated). If you do not currently have an established veterinarian, please provide the name, address and phone number of the one you will be using for this pet should adoption be approved.

Name: _____ Phone: _____

Address: _____

City/State/Zip: _____

Please provide names and contact numbers for at least 2 personal references (non-relative):

Name: _____ Phone: _____

Name: _____ Phone: _____

Upon signing this application, you are attesting to the accuracy and truth of all answers you have given. If any of the information you have provided proves to be false, this adoption will not take place.

I, _____, have read this application in its entirety. I have provided complete and truthful answers to all questions.

Signature

Date