



P.O. Box 11206, Naples, FL 34101
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ADOPTION APPLICATION

IN ORDER TO BE CONSIDERED AS AN ADOPTER TODAY, YOU MUST:

- *Be 18 yrs of age or older. *Have ID showing your present address. *Have the knowledge and consent of your landlord.
 - *Be able and willing to spend the time and money necessary to provide training, medical treatment, and proper care for a pet.
- ANIMAL COMPASSION PROJECT, INC. reserves the right to do home checks and refuse adoption to anyone.**

Please answer ALL questions.

ANIMAL NAME(S) _____
 NAME _____ AGE _____ DATE _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____ EMAIL _____
 HOME PHONE _____ WORK _____ CELL _____
 DRIVERS LICENSE # _____ STATE _____

- Do you: **Own Rent** your home? (If leasing to own, please select "rent")
- Do you currently live in a: **House Apartment Condo Mobile Home Other** _____
- If you rent (or lease to own) please list the name and phone # of landlord, President and/or manager of any homeowner, condo or other similar associations, apartment or park manager:
 Name _____ Phone# _____
- Are you a: **permanent** or **seasonal** resident?
- What types of pets do you currently have in your household?
Name Dog/Cat? Male/Female? Spayed/Neutered? When was last vaccination given? How long owned?

- What other animals have you owned in the past? _____ What happened to them? _____
- Have you ever surrendered an animal to a shelter or animal control facility? **Yes No**
 If yes, please describe the circumstances _____
- Who is your Veterinarian or Vet Clinic? _____ Phone # _____
- How many adults live in household? _____ Children? _____ Ages of children _____
- Does anyone in your household have known allergies to animals? **Yes No** If yes, please explain _____
- Will this cat be allowed outdoors? **Yes No** If yes, under what circumstances? _____
- Are you willing to care for this animal for the rest of its life? **Yes No** (An average life span for a cat is 15-20 years.)
- If you relocate, what will you do with this cat? _____
- Do you want the cat for (check all that apply): **Companion Mouser Gift Company for Other Pet, Other** _____
- Do you plan to declaw this cat? _____ 16. How many hours a day do your pets spend alone? _____
- What circumstance would cause you to give up your pets? _____

PLEASE READ AND SIGN BELOW

I certify the above information is accurate and complete to the best of my knowledge. I understand that Animal Compassion Project, Inc. has the right to reclaim the animal if any given information is found to be false. I authorize the release of veterinarian information related to current and past pets. Once adopted, financial responsibility of this animal rests on the new owner. This application is the property of Animal Compassion Project, Inc.

X _____ Date: _____

Thank you very much for your application. Please return it by fax or e-mail. Someone will contact you soon.