



Freedom Hearts Animal Rescue's Pet Adoption Application



PO Box 114, Gerrardstown, WV 25420 / (304) 620-0316

www.freedomheartsanimalrescue.com / freedomheartsar@gmail.com / www.facebook.com/FreedomHeartsAnimalRescue

Please note: Completion of application **does not** guarantee approval of adoption. We complete a thorough vetting of all applicants; including but not limited to personal and veterinarian references. We require all applicants to have their current pet(s) fully up to date on vaccinations (**distemper and rabies**) and to be altered (**spayed or neutered**). Applications that are not filled out completely will be contacted and given a chance to provide the requested information, refusal to give information will result in a denial of the application.

Name of pet(s) applying for: _____

Your Name: _____ Phone Number: _____

Co-applicant's Name: _____ Phone Number: _____

Valid email address: _____ (for contact purposes only)

Home Address: _____ City/State/ZIP: _____

Do you own or rent? _____ **If you rent, you must provide contact information for your landlord!**

Landlord's Name/Agency: _____ **Phone Number:** _____

Is the Applicant over 21 years of age? **Yes** **No** (Proof is required)

Applicant's Employer: _____

Co-applicant's Employer: _____

Residents in the household: Adults: _____ Children: _____ Ages of Children: _____

Is there anyone in the household that has been charged or convicted of animal neglect or abuse? **Yes** **No**

Is anyone in your home allergic to animals? **Yes** **No**

Do you plan on declawing? **Yes** **No**

Do you have other pets in the home? **Yes** **No** # of Cats _____ # of Dogs _____

Do you know any of the volunteers or Officers of Freedom Hearts Animal Rescue? **Yes** **No**

If yes, who? _____

Are your current pets up to date on their vaccinations (*distemper and rabies*)? **Yes** **No**

If not, please explain _____

Are your current pets spayed and/or neutered? **Yes** **No**

If not, please explain _____

Have you ever had to surrender or re-home a pet? **Yes** **No**

If yes, please explain _____

Veterinarian's Information:

Note: We **will** contact for current pet's information.

Name: _____ Phone Number: _____

Pet's name	Breed	Age	Years in your care

Please list 2 personal references that can speak to your ability to care for the animal(s) you are applying for:

(Please do not include family members or your veterinarian)

Name/Relationship: _____ Phone Number: _____

Name/Relationship: _____ Phone Number: _____

By signing below, I/we authorize the Officers and Volunteers of Freedom Hearts Animal Rescue to contact the Landlord, Veterinarian, Personal References and myself/ourselves to obtain information regarding the potential adoption(s) of the applied for animal(s) on this application.

My/our signature(s) indicates all information in this application is true to the best of my/our knowledge.

*****I/we understand that completion of this application does not guarantee approval of the adoption(s). I/we also understand that it can take up to 3 business days before an approval can be completed.*****

Signature of Applicant: _____ **Date:** _____

Printed Name of Applicant: _____ **Date:** _____

Signature of Co-applicant: _____ **Date:** _____

Printed Name of Co-applicant: _____ **Date:** _____

Date received: _____

FHAR Representative: _____

Final Disposition: _____

