

Adoption Application

Date/	'Time:			

Animal ID Number	Animal Name		Cage Number				
Applicants must be an adult, 18 photo identification card. App Animal Welfare League of Truapplicant.	lications a	re proce	ssed o	n a fir	st come f	rst serve	basis. The
Last Name	M.I.	First	Name				
Street Address					<i>P</i>	Apt. Num	oer
City, State, Zip Code							
City, State, 21p code							
Email Address				I			
Primary Phone Number			Sec	condar	y Phone N	umber	
Spouse/Partner/Roommate livin	a with you	ı at thic c	2m0 20	ddrocc			
Last Name	M.I.		t Name				
Do you (circle one): Own F	Rent Is	s this a:	House	Mob	ile Home	Apartme	nt Condo
If you are renting / leasing please provide the following information: Landlord/Property Owner's name: Phone Number:							
Number of Children Living at Ho Any members of your household	d have alle	rgies spe	cific to	anima		No	
If yes, Please explain:							
Are you (check one): Employed If employed: Employer	Retire		ıdent		employed	SSI	Disability

Is this pet adopted Will this adopted Have you adopted If yes, what did How many anim	ed pet be kept ed from Anim you adopt and	(check one): al Welfare Lead d how long ag	Indoor O ague before: o?	utdoor Indoo Yes No [or/Outo	door Barn/Garage lease list below:			
	-	Licensed							
Pet's Name	Dog/cat/other	Breed	Male/female	Neutered/spayed	Age	(if applicable)			
Who is your fan List Veterinaria									
There are ongoing expenses to owning a pet, including pet food, yearly vaccinations, dog licenses, and at times unforeseen medical emergencies. Are you financially able to care for a pet? Yes \square No \square									
I,, certify that the above information is true and correct. I understand that submission of this application does not necessarily mean that I will be approved to adopt, and that Animal Welfare League reserves the right to deny any applicant. I authorize my above listed Veterinarian(s) to release any and all information regarding my past and present animals to the Animal Welfare League. I further release and hold harmless both my Veterinarian(s) and the Animal Welfare League from any and all liability that may potentially result from the release and or use of such information.									
Signed:					Dat	e:			
AWL Represent	ative processi	ng application	ı:						
OLN State/#:			Circle O	ne: Approved _		Denied			
Comments:					Staff	Staff			

Revised Sept 2015