



ON ANGELS' WINGS PET RESCUE

Thank you for choosing to adopt a pet!

Pet Adoption Application for _____ Dog Cat
(Name of Pet) (Circle One)

ABOUT YOU

Name(s) _____
Address _____
City _____ State _____ Zip _____
Primary Phone # _____
Driver's License # _____
Occupation _____

Date of Application: _____
Date of Birth _____
Email _____
Secondary Phone # _____
Driver's License Expiration Date _____
Length of time at job _____

How did you hear about On Angels' Wings Pet Rescue or the pet that you are interested in?

Petfinder _____ Friend _____ Newspaper _____ Website _____ OAW Thrift Store _____ Facebook Post _____

ABOUT YOUR HOUSEHOLD

Length of time at current address _____ years

Do you: Own Rent Type of Dwelling: House Condo/Townhome Apartment Mobile Home

If renting, are pets allowed? _____: Landlord name _____ Phone _____

If you own, have you checked with your Homeowners' Association regarding their pet policy? Y N

Do you, or any members of your family, have pet allergies? Yes No If yes, please explain _____

Please list all other members of your household:

Name	Relationship to you	Age	Role in caring for new pet?

ABOUT YOUR CURRENT/PREVIOUS PETS

Please list all animals you have owned in the last ten years:

Name	Type & Breed of Animal	Age	Spayed/Neutered?	Still Own?	If not, explain	How old was your pet when you got it and where from?

Where are your pets kept during the day? _____. Where do your pets sleep at night? _____

How long are the pets in your home left alone? _____ (hours per day).

ABOUT YOUR NEW PET

How long have you been considering adding a new pet to the household? _____

Please tell us why you would like to adopt this pet: _____

Depending on the pet's history, it sometimes takes a few months for them to acclimate and adjust to their new family and surroundings. Are you willing to work with the pet to ensure a successful transition? _____ For how long? _____

If adopting a **dog**:

- 1) How do you plan to exercise him/her? _____
- 2) Will you enroll it in training? Y N If no, please explain _____
- 3) Do you have a fenced in yard? Y N If so, what type material and height? _____
If *not*, would you consider getting one? Yes No If no, please explain _____

If adopting a **cat**:

- 1) Will this cat be indoor or outdoor or both ?
- 2) Do you plan on declawing this cat? Y N

REFERENCES

By listing three references (**including one neighbor**, but **NO relatives**), you hereby given OAW permission to call:

Name _____ City _____ Phone _____ Relation _____

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Name _____ City _____ Phone _____ Relation _____

Your Veterinarian Name*: _____ City: _____ Phone: _____

***PLEASE CALL YOUR VET TO AUTHORIZE US TO SPEAK WITH THEM**

Thank you for submitting an adoption application to OAW and choosing to save a life. There may be up to a 48-hour waiting period before the adoption will be finalized to allow time for reference checks.

I certify that I have never been convicted of a crime related to animal cruelty, abuse, or neglect. _____ (Initials)

By signing this application I certify that the information contained herein is true, accurate and complete. I understand that any misrepresentation of the above information can result in withdrawal of my application for adoption.

I understand that all adoptions done by On Angels' Wings, Inc. are at the discretion of authorized representatives and completion of this form does not guarantee adoption.

Signature(s) of Adoptive Applicant (s) Date _____

Please submit your completed application on-line through our website or via mail, fax or email.

Mail: On Angels' Wings Pet Rescue
5186 Northwest Highway, Suites 130-136
Crystal Lake, IL 60014

Email: OAWanimalwelfare@yahoo.com

Fax: 815-356-8176

If you have any questions, please call us at (224) 688-9739 or email the director: OAWanimalwelfare@yahoo.com

Once your completed application has been received and reviewed, one of our adoption counselors will contact you.

For Office Use Only:

Approved: _____ Date: _____ Comments: _____

Declined: _____ Reason: _____