

# Little Rascals Rescue Adoption Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_ Alternate # \_\_\_\_\_

Do you rent or own your apartment/home? \_\_\_\_\_

If you rent what is your pet policy? \_\_\_\_\_

Name and phone # of your landlord/apartment: \_\_\_\_\_

Do you have a fenced back yard? \_\_\_\_\_ Fenced pool? \_\_\_\_\_

How tall is the fence? \_\_\_\_\_ What is it made out of? \_\_\_\_\_

Do you have a doggie door? \_\_\_\_\_

How many people live with you including yourself? \_\_\_\_\_

Do any children live in the home? \_\_\_\_\_ How many/ages? \_\_\_\_\_

Are there any other pets living in your home now? \_\_\_\_\_ How many? \_\_\_\_\_

Are your pets indoor, outdoor, or both? \_\_\_\_\_

List breed and ages of pets in your home: \_\_\_\_\_

Are all your pets fixed?: \_\_\_\_\_ If not, why are they not fixed? \_\_\_\_\_

Are you a breeder? \_\_\_\_\_ How long? \_\_\_\_\_

Have you ever owned a pet before? \_\_\_\_\_

Circle your experience level of owning a pet: None - Some - Very - Expert

Are you or anyone living with you allergic to pets? \_\_\_\_\_

Why do you want to adopt now? \_\_\_\_\_

What type of animal are you interested in adopting? \_\_\_\_\_

Are you interested in adopting an animal with special needs? \_\_\_\_\_

Are you going to de-claw your pet and why? \_\_\_\_\_

Are you willing to get behavioral training for your pet : \_\_\_\_\_  
Have you ever had to return/surrender/bring in a stray to a rescue organization? \_\_\_\_\_ Why? \_\_\_\_\_

Have you ever lost a pet? \_\_\_\_\_

Where will your pet stay in your home? \_\_\_\_\_

Where will your pet stay during the day? \_\_\_\_\_

Where will your pet sleep at night? \_\_\_\_\_

Will your pet be indoors/outdoors/or both? \_\_\_\_\_

How long will your pet be alone each day: \_\_\_\_\_

Who is your veterinarian? \_\_\_\_\_

Phone # \_\_\_\_\_

List 2 personal references/phone numbers: \_\_\_\_\_

Will you treat this pet as a loving member of your family? \_\_\_\_\_

Will you provide all necessary medical care for your new pet? \_\_\_\_\_

If you are for any reason unable to keep this animal what will you do?

\_\_\_\_\_  
\_\_\_\_\_

Do you agree to contact Little Rascals Rescue if you have any problems with your new pet or need to return him/her? \_\_\_\_\_

**The completion of this application does not guarantee adoption.**

A representative shall use their best judgment in reviewing this application to match the best fit for you and the animal. Please be aware that there may be other applications pending for the pet you are interested in, but not to worry there are plenty of pets to choose from. Pet guardianship is a lifelong commitment and we want to make sure that every pet goes to the most suitable home to fit their needs and yours. Thank you for your interest in adoption.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Adoption Counselor: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

