



Adoption Application

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Fax Completed Application To: 972.475.2370

In order to adopt a pet from A Different Breed:

- You must be 21 years of age or older.
- You must have some form of identification with your current address.
- You must have the knowledge and consent of all adults living in your household.
- You must be able and willing to spend the time and money necessary to provide training, medical treatment, and proper care for a pet.

At A Different Breed the welfare and happiness of our animals are our top priorities. We usually have a variety of pets from which to choose. We will do our best to find applicants a pet with whom they are compatible. Finding a perfect match is important to us, the animal, and to the future pet owner. Owning a pet is a significant and long-term responsibility. Following is a list of questions which will better aid us in finding a pet that is best suited for you. Please answer all of the questions thoroughly and honestly. Please remember, the animals in our care belong to A Different Breed, and they are adopted out at our discretion. A Different Breed reserves the right to refuse adoption to any applicant.

Name: _____ Date: _____

Name of spouse or life partner: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home (____) _____ Work (____) _____ Cell (____) _____

DOB: _____ Spouse's/Partner's DOB: _____

Driver's License #: _____ email: _____

Occupation: _____ Full Time ___ Part Time ___

S/P's occupation: _____ Full Time ___ Part Time ___

Are you a student: Yes ___ No ___

Name of the pet in which you are interested: _____

Please answer the following questions:

1. Have you ever applied for a pet from A Different Breed before? Yes ___ No ___
If yes, when? _____ Which pet? _____
2. Have you ever owned a pet(s) before? Yes ___ No ___ If yes, was it a dog(s) ___ cat(s) ___?
Where did you get it? _____ How long has it lived with you? _____
If you no longer have it, what became of it? Lost ___ Gave it away ___ Sold it ___ Died ___
Other: _____ Briefly explain: _____
3. How many pets do you currently have at home? ___ Dog(s) ___ Cat(s) ___ Other ___
Briefly describe: _____
4. Are all of your canine or feline pets spayed or neutered? Yes ___ No ___
5. Are they on heartworm preventative? Yes ___ No ___
6. How many pets other than your current pets have you had within the past five years?
___ Dog(s) ___ Cat(s) ___ Other ___ Briefly describe:

7. Where do your current pets stay during the day time?
If you have a cat(s): Inside only ___ Outside only ___ Inside & Outside ___
If you have a dog(s) Inside only ___ Outside only ___ Inside & Outside ___
8. Where do your current pets stay during the night time?
If you have a cat(s): Inside only ___ Outside only ___ Inside & Outside ___
If you have a dog(s): Inside only ___ Outside only ___ Inside & Outside ___
9. What type of pet are you looking for? Puppy ___ Dog ___ Kitten ___ Cat ___
10. Are you looking for a specific breed? Yes ___ No ___ If yes, what kind? _____
11. What size of you prefer? Under 12 lbs ___ Under 25 lbs ___ Under 100 lbs ___ Over 100 lbs ___
12. This pet would be:
A.) A companion pet for me ___ a child ___ an elderly person ___ A gift for someone else ___
B.) Kept as a watch dog ___ a hunting dog ___ a guard dog for a business ___
C.) Kept as a barn cat/mouser ___
13. Where would your new pet stay during the day time?
If you adopt a cat(s): Inside only ___ Outside only ___ Inside & Outside ___
If you adopt a dog(s): Inside only ___ Outside only ___ Inside & Outside ___
14. Where would your new pet stay during the night time?
If you adopt a cat(s): Inside only ___ Outside only ___ Inside & Outside ___
If you adopt a dog(s): Inside only ___ Outside only ___ Inside & Outside ___
15. Do you leave your windows and doors open at home? Yes ___ No ___ Sometimes ___
16. Do you have screens on your windows and doors? Yes ___ No ___
17. Do you want your pet spayed or neutered? Yes ___ No ___
18. Do you want your pet to have a litter of puppies/kittens? Yes ___ No ___
19. Do you have a fenced in back yard? Yes ___ No ___ Is there a lock on the gate? Yes ___ No ___
What type of fence is it? Chain-link ___ Wood ___ Brick/Stone ___ Other: _____
How high is it? 4 ft. ___ 5 ft. ___ 6 ft. ___ 8 ft. ___ Other: _____
20. Do you have a pool? Yes ___ No ___
21. If adopting a dog, do you plan on keeping him/her on a chain? Yes ___ No ___
If yes, how many hours a day? _____
22. Have you ever house-trained/litter box trained a pet before? Yes ___ No ___
If yes, briefly describe your approach: _____

23. Are you willing to do research or read books on pet training? Yes ___ No ___
24. If adopting a dog, do you plan on enrolling in an obedience class? Yes ___ No ___
25. Do you have the spare time during the days or evenings to spend meeting your pet's companionship needs? Yes ___ No ___
26. Have any of your current pets had medical problems in the past six months?
Yes ___ No ___ If yes, explain _____

27. Do you or anyone in your household have any allergies to animals? Yes ___ No ___ Don't know ___
28. On the average day, how many hours would your pet be left alone? _____
29. Do you travel frequently? Yes ___ No ___
30. Who watches your pet while you travel? A family member ___ A neighbor/friend ___
A pet sitter ___ A kennel ___ A pet hotel ___ A veterinarian ___
31. How many children are in your household? _____ Ages: _____
32. Are there any children who visit you household frequently? If so, please state age(s) and gender(s).

33. Is a new baby expected? Yes ___ No ___ If so, how will this affect your companion? _____

34. What if the personality or size of a pet as an adult is not what you expected? Explain: _____

35. How will life be different with a puppy/kitten vs. an adult animal? _____

36. What if your new companion is a "digger," "biter," "scratcher," or claws the furniture? _____

37. Do you plan to declaw this cat? Yes___ No___ If so, are you familiar with alternatives to declawing? Yes___ No___
38. Do you have a veterinarian reference? Yes ___ No ___
If yes, how long have you been visiting him/her? _____
Name of Clinic: _____ Phone #: _____
Vet's Name: _____ **(Please give phone number.)**
Is the pet(s) listed under a different name than the applicant's? Yes ___ No ___
If yes, give name: _____
Pet names on file with this vet: _____
39. Please give a personal reference, other than a family member.
Name: _____
Address: _____ State: ___ Zip: _____
Birth date or age: _____ Phone #: _____
40. Do you live in: An apartment ___ House___ Condo___ A mobile home___
Do you: Own___ Rent___
41. If you rent, can written permission be obtained from your landlord along with proof of deposit paid?
Yes___ No___ Landlord's name: _____
Phone #: _____ Name of complex or mobile home park: _____
42. Is there a limit to the size or number of pet(s) you can have? Yes___ No___
If yes, what are the limits? _____
43. How long have you lived at your current address? _____
44. Do you plan to move soon? Yes___ No___
If yes, do you know your new address yet? _____
_____ State: _____ Zip: _____
45. What will happen to your companion animal if you move? _____

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46. Would you be willing to allow an ADB representative to visit your home? Yes___ No___
47. Are you prepared to provide regular veterinary care for the next 10 to 20 years which would include yearly vaccinations, flea/tick treatment, and heartworm preventative? Yes___ No___
48. Do you agree to abide by the ADB requirements and to return the pet to ADB if you cannot keep it, and notify us if it is lost or dies? Yes___ No___
49. In case of emergency or death, who will care for the animal(s)? (Other than personal reference listed above.)
Name: _____
Address: _____ State: _____ Zip: _____
Home Phone #: _____ Work Phone #: _____
50. Please indicate approximately how much you think it will cost you to
A. Vaccinate and provide a yearly check-up for your pet: _____
B. Feed your pet for a week: _____
C. Spay or neuter your pet: _____
51. Have you approached any other animal charity/organization about adopting an animal?
Yes___ No___ If so, which one: _____
52. How did you hear about us? _____
53. Are there any other comments you would like to make to support your application or any questions you may have? _____

We do our best to place the right animal in the right home. Therefore, if we feel that the animal(s) and the applicant are not compatible, we retain the option to deny this application without giving a reason. Questions left unanswered may disqualify your pre-adoption application. Thank You.

Applicant's Signature: _____ Date: _____

Counselor's Signature: _____ Date: _____

Adopting a pet is a lifelong commitment.
Please, take it seriously.