

Adoption Application

Effingham Animal Rescue Sanctuary (aka EARS)

PO Box 1737 • Effingham IL 62401

217-500-0231 • ears2urescue@gmail.com

Date _____

Full Name of applicant: _____ Date of Birth: _____

Name of co-applicant: _____ Date of Birth: _____

Address (where pet would live) _____

City: _____ State _____ Zip: _____

Home & cell Phone #'s: _____ Best time to call: _____

E-mail address: _____

Places of business / employer: _____

Emergency Contact #'s (such as work or relative): _____

Referred by		
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Vet Clinic	<input type="checkbox"/> Saw being walked
<input type="checkbox"/> Website	<input type="checkbox"/> Friend Adopted	<input type="checkbox"/> PetFinder
Other (please explain)		

Number of children in the home: _____ Age range: _____

Age range of frequently visiting children: _____

Do all household members know and approve of getting a new pet? Yes No

Type of Dwelling?		
<input type="checkbox"/> House	<input type="checkbox"/> Apartment	<input type="checkbox"/> Trailer
<input type="checkbox"/> Farm	<input type="checkbox"/> Condo/Townhouse	<input type="checkbox"/> Duplex/Triplex
Other (please explain)		

Length of time you have lived at current address? _____

If you've lived at current address less than a year, previous address: _____

Are you expecting to move in the near future? If yes, please elaborate _____

Own or Rent?

If you rent, do you have the landlord's permission to keep a pet? _____

Please provide Landlord/Apartment contact information for verification. _____

If interested in a particular pet or type of pet (age, color, etc.) - please specify: _____

Where will the pet live?		
<input type="checkbox"/> Indoors only	<input type="checkbox"/> Indoors/Outdoors	<input type="checkbox"/> Outdoors only
Other (please explain)		

Time you are away from home: Home all day Out part-time Away 8+ hours a day

When nobody is home, where will your pet stay?		
<input type="checkbox"/> Fenced yard	<input type="checkbox"/> Crate	<input type="checkbox"/> Garage
<input type="checkbox"/> In the house confined to an area		<input type="checkbox"/> In the house not confined to an area
<input type="checkbox"/> In the house with a pet door	<input type="checkbox"/> In an outdoor run/pen	<input type="checkbox"/> Chained or cabled outside
Other (please explain)		

If you have a fenced-in yard, what kind (wood, chain link) and height _____

When a dog needs to go outside to go to the bathroom, where will the pet go?		
<input type="checkbox"/> In a fenced yard	<input type="checkbox"/> Unfenced yard—no restraint	<input type="checkbox"/> Walked on a leash
<input type="checkbox"/> Use a pet door	<input type="checkbox"/> In an outdoor run/pen	<input type="checkbox"/> Chained or cabled outside
Other (please explain)		

Where will the pet sleep? _____

Please include your veterinarian's name _____ phone _____

address _____

List any pets you currently have.						
Name	Type/Breed	Age	Length of time owned	Sex M or F	Spayed/Neutered Yes or No	Stays Indoors/Outdoors

List any pets you have previously owned in the past 10 years.					
Name	Type/Breed	Time owned	Spayed/Neutered? Yes or No	Kept? Indoors or Outdoors	Where is pet now? If deceased, cause of death.

Have you ever given up a pet to Animal Control or released it at large? Yes No

If yes, why? _____
