



Adoption Application

Intake No. _____

P.O. Box 454,
Le Mars, IA 51031
(712) 540-5919

wetnoserescue@outlook.com

Our Adoption Goal We want to ensure that you and your family adopt the perfect family member. In doing this, we need to make sure that you know the many responsibilities that come with adopting a pet. Not everybody who wishes to adopt an animal is able to do so. By completing this application, we can help you and your family decide if you are ready for a new furry family member, and the best one to suit you.

Date _____ Name of applicant (s) _____

What pet you are interested in adopting? _____ Cat or Dog

Are you 18 or older? (If no, list age) _____ You must be 18 years old or older to adopt a pet from Wet-Nose Rescue

Do you have a Spouse Partner Roommate? Name of this person _____

Address _____ City _____ State _____ Zip _____

Home Phone Number _____ Mobile Phone Number _____ DL# _____

Email (Clearly written) _____

We need to have a copy of your driver's license or ID Is this provided Yes No

Proof of address (utility bill or bank statement, etc.) _____ Yes _____ No _____

What are the names & ages of people under 21 years old who live at the above address?

Are you adopting a pet for yourself, or someone else? _____

If for someone else, are they aware of your intent? _____

Have you ever adopted a pet from us, or any other rescue before? _____

If yes, do you still have the pet? Yes No If no, why not? _____

Are you financially able to provide food and medical care for your pet? Yes No

Are you financially able to spay/neuter your pet as required by law? Yes No

Where do you work currently? _____ How long have you worked here? _____

If less than 6 months, where did you work prior, and for how long? _____

Will this pet live in your home? If not, explain _____

Do you own your home or rent? _____ If you are renting are you allowed to have animals? Yes No

What type of home do you live in? House Apartment Condo How long have you lived there? _____

If you rent, can you provide verification that you are permitted to adopt? Yes No

Landlord's Name _____ Phone Number _____

Do you have a fenced in yard? Yes No If yes, how high is the fence? _____

Do you currently have cat (s) dog (s)? If yes, how many? _____

If yes what breed? _____ How old is he/she? _____ Spayed/neutered? Yes No

Are your pets up to date on vaccinations? Yes No Comments _____

Have you had a cat or dog in the past? Yes ___ No ___ If yes, Who was your vet? _____

If yes and you no longer have him/her please explain why? _____

Your New Pet Who would be responsible for him/her? _____

Reason for adoption? Hunting/fishing/Family Pet _____

What would you do if you had to move? _____

Could anything happen that would make you want to give up this pet? Yes No Explain _____

If yes please circle all of the possible reasons that would apply

Divorce Illness Moving New Baby New Job House Training Shy Chewing
Barking Digging Aggressive Allergies Shedding Too big Gets Ill Pets Not Getting Along
Not Obedient Enough Other Reasons _____

Is there anything else you would like us to take into consideration when evaluating this application? If yes, please describe

Please list 3 references, only one can be family

Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____

Please make sure all information is filled in clearly and write clearly

Please sign that all of the information that I have provided on this questionnaire is true and accurate and if any of the information changes I will advise you promptly.

Print Name Clearly _____

Signature _____ Date _____

Staff Signature _____ Date _____

Application interviewers, please initial that you have discussed the following topics

Flea/Tick Prevention Vaccines Exercise Needs Medical Records/Future Expenses
Leash Laws Microchip Fees Return Policy Litterbox Issues Scratching Needs Licensing

Office - Use Initial Application Complete ___ Interview Complete ___ Approved Yes No If no, why? _____