



CASTOFF PET RESCUE ~ ADOPTION APPLICATION

Tag # _____ Date _____

Name _____

Phone _____ Cell Phone _____

Address _____

City _____ State _____ Zip: _____

E-Mail Address: _____

Employer _____

Date of Birth _____ Driver's License #: _____ State _____

Marital Status: M___ S___ D___

Type of Housing: Apartment, Mobile Home, Single Family Home, Duplex, Town Home

Rent___ Own___

If renting, name and phone # of landlord _____

If renting, are you aware of any deposits that are required for your pet? _____

Does your lease/rental agreement allow for pets? _____

How many children in household? _____ Ages: _____

How long have you lived at present address? _____ Are you planning to move in the near future? _____

Why do you want to adopt this pet? _____

What other pets do you currently have in your household? _____

Are they spayed /neutered? If not. Why not? _____

If they are cats, have they been declawed? _____

How long have you owned them? _____ Where are they kept? _____

Where will your new pet be kept? _____ Where will it sleep? _____

Do you have a fenced yard? _____ Approximately how large an area is fenced? _____

Castoff Pet Rescue
1732 John Smith Road East, Blairsville, GA 30512
706-781-3992

We are a nonprofit, no-kill animal rescue group in serving Towns and Union Counties in Georgia and Cherokee and Clay Counties in North Carolina.



CASTOFF PET RESCUE ~ ADOPTION APPLICATION (continued)

How long will the pet be alone each day? ____ Where will it stay while you are working? _____

What will you do with your pet if you travel? _____ Do you travel often? _____

How will you provide for this pet's exercise/toilet needs? _____

How will you train your new pet? _____

If your living situation were to change, (such as divorce, relocating, death), who will be responsible for the care of this animal? _____

Please explain any recent deaths of any of your pets: _____

Would you allow a representative of Castoff Pet Rescue to make a home visit? _____

Can we call for your vet reference? _____

Veterinarian's Name: _____

Address: _____

Phone #: _____

I certify that the above information is accurate and complete to the best of my knowledge. I understand that Castoff Pet Rescue has a right to reclaim the animal if any information is false and/or if the animal is not being properly cared for. I authorize the release of veterinary information related to current and past pets that I have owned. This application is the property of Castoff Pet Rescue.

Signature: _____ Date: _____

Castoff Pet Rescue Representative: _____

Payment: Cash _____ Check Amount: _____ Check #: _____

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