



SARA Couple Adoption Application

Couple adoption fee: \$100

Please write legibly and complete the entire application. You may mail, fax or email the application. Email by copying and pasting this text into the body of your email.

Name: _____
Address: _____
City/State _____ Zip: _____
Phone#: _____ Work#: _____ E-mail: _____

Name of animal couple you are interested in, if known:

1. Why do you want to adopt a pair?

2. Do you have any pets right now? If so, how many and what kind?

3. Are all your pets spayed or neutered? If not, why not?

4. If you have had pets in the past, but do not have them now, what happened to them?

5. Do you know about necessary vaccinations for your pets?

6. Are your current pets vaccinated against disease? _____

If so, which shots does your pet receive? _____

7. Does your pet receive heartworm preventative? _____

If so, what kind? _____

8. Please provide your veterinarian's name, address and phone number

9. Do you rent or own your home? Rent _____ Own _____

10. If you own your own home, are you prepared to provide proof of ownership upon request to SARA? _____

11. If you rent, please supply your landlord's name and phone number.

12. Tell us about your yard (size, shade trees, etc.):

13. Are your pets allowed inside your home? _____

Will these two new animals live mostly inside or outside? (please provide percentages)

Inside _____ Outside _____

14. Will these animals be chained? _____ If so, what percent of the time? _____

15. Would you allow these animals to ride in the back of a pick up truck? If so, will you provide restraints?

16. What would happen to your pets if you had to move?

17. How will these new pets fit into your home?

18. Will these new pets be given plenty of exercise? Yes _____ No _____

How often do you see yourself walking, running or playing with these new pets? (times per week) _____

19. Would you object to a home visit by a SARA representative? Yes _____ No _____

20. Are there children in your family? Yes _____ No _____

How many and their ages? _____

21. Have you taught your children to treat animals with respect and kindness?

22. What would happen if your pet became ill?

23. In the event that something should happen to you, who would care for your pets?

24. If for any reason, these new pets did not work out, do you agree to return them to SARA Sanctuary?

Yes _____ Maybe _____ No _____

25. Would you, for any reason, ever separate these pets? Yes _____ No _____

If yes, why? _____

26. Please provide the names, addresses and phone numbers of **three people** as references that have known you for **at least five years**.

1. _____ 2. _____ 3. _____

To the best of my ability, I agree to care for the cat/kitten and welcome it into my family; to provide love, food, exercise, medical attention (if needed) and companionship. If for any reason, I am not able to care for the cat/kitten or the cat/kitten is incompatible in my home environment, I agree to return the animal to SARA Sanctuary. I will not sell the cat/kitten. I will not give away or seek to adopt out the cat/kitten without permission from Tracy Frank, or a SARA representative acting on her behalf.

Your name: _____

Date: _____