

SMALL ANIMAL APPLICATION/ ADOPTION FORM

STAFF USE ONLY:  
Reviewed by: (Please put name,  
approval code and date)



ANIMAL RESCUE  
350 Main Street  
New Market, MN 55054  
Phone: 952-461-2765

NAME/TYPE OF ANIMAL(S) YOU ARE  
INTERESTED IN:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

1. Are you 21 yrs of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

2. What prompted you to come to W.A.R.? \_\_\_\_\_

3. Have you adopted from W.A.R. before? Yes \_\_\_\_\_ No \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_

When \_\_\_\_\_ What happened to this animal? \_\_\_\_\_

4. Do you: Own \_\_\_\_\_ Rent \_\_\_\_\_

Landlord, Apartment or Mobile Home Park Manager's Name and Phone Number: \_\_\_\_\_

\_\_\_\_\_

5. Do you live with Parents \_\_\_\_\_ Spouse \_\_\_\_\_ Roommate(s) \_\_\_\_\_ Alone \_\_\_\_\_

6. Ages of children living with you: \_\_\_\_\_

7. Are you planning to move in the next 6 months? Yes \_\_\_\_\_ No \_\_\_\_\_

8. Will this animal be able to move with you? Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_

9. What will happen to this pet when you go on vacation or in the case of an emergency? \_\_\_\_\_

\_\_\_\_\_

10. I am adopting this animal for: Myself \_\_\_\_\_ Children \_\_\_\_\_ Gift \_\_\_\_\_ Other \_\_\_\_\_

11. Are there children that visit your home frequently? Yes \_\_\_\_\_ No \_\_\_\_\_ Ages \_\_\_\_\_

12. Are any members of your household allergic to animals? Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_

If yes, please explain \_\_\_\_\_

13. Please list the breed, sex and age of any pets you now own: \_\_\_\_\_

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14. Please list the breed, sex and age of any pets you've had within the last 5 years and what happened to each animal.

15. Where will this animal be kept?

16. How do you feel about a follow up call or visit from W.A.R. personnel?

17. Do you have any questions or comments?

I certify that the above information is true and understand that false information may result in the nullification of this adoption. I authorize the W.A.R. to verify information with my veterinarian. W.A.R. reserves the right to refuse any adoption. This application and the information given herein remains the property of W.A.R.

Applicant's Signature Date

Thank you for completing this application. Please return it to a Supervisor or volunteer so we may review it with you. Most small animal applications are reviewed while you wait. We reserve the right to have the board review your application, in which case a full week may be needed. All necessary pet supplies can be purchased through Windmill Feed & Pet Supply Company.

Authorized Adoption staff only

Adopting (rat, guinea pig, rabbit, etc)

Description (sex, color, age, etc)

Adoption Fee: +Tax = Pd Ck# Cash

Comments

Staff Person Date

Results: Approved Denied Pending Manager's Approval

PLEASE READ AND SIGN AFTER APPROVAL

I will properly care for the animal I am adopting. Should I no longer be able to care for the animal I am adopting, I will return him/her to Windmill Animal Rescue.

Signature Date

Name (Printed)