

Glimmer of Life

9003 Taft St. Pembroke Pines, FL 33024 • 954-437-LIFE • www.glimmeroflife.com
FAX APPLICATIONS TO 954-436-7896 OR SCAN & E-MAIL TO glimmeroflife@aol.com

ADOPTION APPLICATION

ADOPTION POLICY STATEMENT

In order to determine whether this proposed adoption is in the best interest of both you and the animal, we ask that you answer the following questions carefully and completely. We reserve the right to refuse any adoption in which we feel the pet would not be a suitable match for the family. Please understand that many of our rescues have already experienced the heartbreak of being given up by their families more than once. Most were given up because the family did not consider what it really takes to own a pet.

Name or type of pet applying for: _____ Date: _____

Name: _____

Spouse's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

E-mail Address (If available): _____

How did you hear about Glimmer of Life?

Google Craigslist Website Newspaper Friend/Relative Other _____

1a. List all pets owned (past & current) in the last five years:

TYPE	BREED	SEX	FIXED?	AGE	WHAT HAPPENED TO HIM/HER?

If NONE, have you ever owned this type of pet? _____ How long ago? _____

2. Why do you want to adopt this animal? Companion Guard Dog Gift To Breed

Personal Protection For Children Other: _____

3. Name of Your Veterinarian: _____ Phone: _____

4. How many adults in the household? _____ Children? _____ Ages of children: _____

5. If there are no children, do you expect that to change during this pet's lifetime? _____

6. Do all of the adults in the home know that you will be bringing home a new pet? _____

7. Who will be responsible for feeding, housebreaking & training? _____

8. Does any member of your family have allergies to animals? _____ What type? _____

9. Is someone home during the day? _____ Who? _____

10. How many hours will this pet be alone during the day? _____

11. When you are home, where will this pet be kept?

House Garage Basement Yard Outdoor Kennel Tie Out Crate

12. When you are away, where will this pet be kept?

House Garage Basement Yard Outdoor Kennel Tie Out Crate

13. Where will this pet sleep? _____

14. Do you live in a:

House Townhouse Apartment Duplex Condo Mobile Home

Do you: Own Rent Other _____

Name of Complex: _____

Landlord's name and phone number: _____

15. Do you have a fenced yard? _____ What type? _____ Height: _____

If not, how will you keep your pet in the yard? _____

16. Which reasons are acceptable reasons for giving up your pet(s)?

Moving Illness Biting Chewing Housebreaking Accidents Allergy

Growling Showing Teeth Destructiveness Compatibility w/ Other Pets

Scratching Too Hyper Stealing Food Hides For First Week Fence Jumping

17. Have you ever had to give up a pet? _____ When? _____

Why? _____

18. It may take your pet a while to adjust to their new home. What will you do if your pet displays undesired behavior during this adjustment period? _____

19. If required, are you willing to take this dog through obedience classes? _____

20. If you go away for a few days, who will care for your new pet? _____

21. If you move (either locally or out of state) what will you do with your new pet? _____

22. If you are no longer able to care for your new pet, what will you do with it? _____

23. What form of discipline do you practice with your pets? _____

24. Are you aware that dogs and cats require yearly vaccinations? _____

25. What will you do to prevent fleas and ticks on your pet? _____

26. What will you do to protect your pet against heart worms? _____

27. What form of I.D. will your pet carry? _____

28. How long have you thought about adopting a pet? _____

Applicant's Signature: _____ **Date:** _____