

# 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:** \_\_\_\_\_