

# ADOPTION APPLICATION

Please answer all questions, place N/A where not applicable. All applications are screened by EASEL and are subject to approval by authorized EASEL staff.



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[www.easeInj.org](http://www.easeInj.org)

APPLICANT INFORMATION (please print)	Please check one: <input type="checkbox"/> ADOPTION <input type="checkbox"/> FOSTER
Name: _____	Phone: (____) _____
Address: _____	Date of Birth: _____
City: _____	State: _____ Zip: _____
Driver's License (or ID) Number: _____	Email: _____
<b>Status:</b> <input type="checkbox"/> home/retired <input type="checkbox"/> student <input type="checkbox"/> employed <i>company/school:</i> _____	
<b>Lifestyle:</b> <input type="checkbox"/> very active/on the go <input type="checkbox"/> quiet/relaxed <input type="checkbox"/> noisy/young children <input type="checkbox"/> travel frequently <input type="checkbox"/> entertain frequently	
<b>Reason for Adoption:</b> <input type="checkbox"/> family pet <input type="checkbox"/> companionship <input type="checkbox"/> protection <input type="checkbox"/> other (explain): _____	
<b>Have you adopted before?</b> <input type="checkbox"/> yes <input type="checkbox"/> no <i>if yes, agency:</i> _____	
<b>Residence:</b> <input type="checkbox"/> house <input type="checkbox"/> apartment <input type="checkbox"/> live with parents <input type="checkbox"/> other (explain): _____	
<b>Do You:</b> <input type="checkbox"/> own <input type="checkbox"/> rent <i>if renting:* landlord:</i> _____ phone: (____) _____	
<b>Where will the animal be kept?</b> <input type="checkbox"/> indoors <input type="checkbox"/> outdoors <i>If outdoors:</i> <input type="checkbox"/> kennel <input type="checkbox"/> tied <input type="checkbox"/> fenced yard (fence height: _____)	
<b>Travel options:</b> <input type="checkbox"/> pet sitter <input type="checkbox"/> friend/relative <input type="checkbox"/> boarding <input type="checkbox"/> travel w/pet <input type="checkbox"/> other (explain): _____	
<b>Time at current address:</b> _____ <b>Ages of children (if any):</b> _____	
<b>References (provide 2):</b> name: _____ phone: (____) _____ name: _____ phone: (____) _____	
<b>How did you hear about EASEL?:</b> <input type="checkbox"/> Google <input type="checkbox"/> PetFinder <input type="checkbox"/> Adopt-a-Pet <input type="checkbox"/> PetSmart <input type="checkbox"/> PetCo <input type="checkbox"/> local <input type="checkbox"/> flyer <input type="checkbox"/> road sign <input type="checkbox"/> newspaper (name: _____) <input type="checkbox"/> company (name: _____) <input type="checkbox"/> friend/volunteer <input type="checkbox"/> website (name: _____) <input type="checkbox"/> other: _____	

ANIMAL INFORMATION (please print)
Animal Name: _____ <input type="checkbox"/> cat <input type="checkbox"/> dog <input type="checkbox"/> altered <input type="checkbox"/> to be altered <input type="checkbox"/> foster <input type="checkbox"/> shelter
<b>Will animal be used for breeding?</b> <input type="checkbox"/> yes <input type="checkbox"/> no <b>Do you have any pets currently?</b> <input type="checkbox"/> yes <input type="checkbox"/> no <b>How many?</b> _____
<b>Have you had this type of pet before?</b> <input type="checkbox"/> yes <input type="checkbox"/> no <i>if yes:</i> <input type="checkbox"/> still have <input type="checkbox"/> deceased <input type="checkbox"/> gave away <input type="checkbox"/> ran away <input type="checkbox"/> lost <input type="checkbox"/> stolen
<b>Is anyone home during the day?</b> <input type="checkbox"/> yes <input type="checkbox"/> no <b>How long will the animal be left alone:</b> _____
<b>For cats, I will:</b> <input type="checkbox"/> declaw <input type="checkbox"/> keep cat indoors <input type="checkbox"/> keep cat outside <input type="checkbox"/> allow cat to go out during the day

VETERINARIAN HISTORY IF APPLICABLE (please print)	Please notify your vet that we will be calling
Veterinarian: _____	phone: (____) _____
<b>Pets:</b> name: _____ <input type="checkbox"/> dog <input type="checkbox"/> cat <input type="checkbox"/> other: _____ <input type="checkbox"/> spayed/neutered <input type="checkbox"/> declawed age: _____ name: _____ <input type="checkbox"/> dog <input type="checkbox"/> cat <input type="checkbox"/> other: _____ <input type="checkbox"/> spayed/neutered <input type="checkbox"/> declawed age: _____ name: _____ <input type="checkbox"/> dog <input type="checkbox"/> cat <input type="checkbox"/> other: _____ <input type="checkbox"/> spayed/neutered <input type="checkbox"/> declawed age: _____	

*EASEL supports spay/neuter. All pets adopted by EASEL must be altered as a part of the adoption process. In the event that a pet is not altered prior to adoption, the pet is considered to be in foster with EASEL until the adopter provides verification of spay/neuter. EASEL reserves the right to reclaim any foster pet at any time. EASEL strongly recommends that a veterinarian examine all adopted pets within 14 days of adoption. EASEL will not adopt a pet to a property where there is a prohibition against owning a pet by an owner, landlord, homeowners association, apartment manager, etc.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EASEL approval:** \_\_\_\_\_ **Foster/Caretaker approval:** \_\_\_\_\_