

EASEL Animal Rescue League
ADOPTION APPLICATION



P.O. Box 5903
 Lawrenceville, NJ 08648
 Phone: 609-883-0540
 Fax: 609-631-8038
www.easelnj.org

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.

APPLICANT INFORMATION (please print)	Please check one: <input type="checkbox"/> ADOPTION <input type="checkbox"/> FOSTER
Name: _____ Phone: (____)_____ Date of Birth: _____	
Address: _____ City: _____ State: _____ Zip: _____	
Driver's License (or ID) Number: _____ Email: _____	
Status: <input type="checkbox"/> home/retired <input type="checkbox"/> student <input type="checkbox"/> employed <i>company/school:</i> _____	
Lifestyle: <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	
Reason for Adoption: <input type="checkbox"/> family pet <input type="checkbox"/> companionship <input type="checkbox"/> protection <input type="checkbox"/> other (explain): _____	
Have you adopted before? <input type="checkbox"/> yes <input type="checkbox"/> no <i>if yes, agency:</i> _____	
Residence: <input type="checkbox"/> house <input type="checkbox"/> apartment <input type="checkbox"/> live with parents <input type="checkbox"/> other (explain): _____	
Do You: <input type="checkbox"/> own <input type="checkbox"/> rent <i>if renting:* landlord:</i> _____ phone: (____) _____	
Where will the animal be kept? <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: _____)	
Travel options: <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): _____	
Time at current address: _____ Ages of children (if any): _____	
References (provide 2): name: _____ phone: (____) _____ name: _____ phone: (____) _____	
How did you hear about EASEL?: _____	
I am interested in: <input type="checkbox"/> volunteering <input type="checkbox"/> fostering <input type="checkbox"/> donating <input type="checkbox"/> working on events/fundraisers/projects <input type="checkbox"/> more info on EASEL	

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
Will animal be used for breeding? <input type="checkbox"/> yes <input type="checkbox"/> no Do you have any pets currently? <input type="checkbox"/> yes <input type="checkbox"/> no How many? _____
Have you had this type of pet before? <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
Is anyone home during the day? <input type="checkbox"/> yes <input type="checkbox"/> no How long will the animal be left alone: _____
For cats, I will: <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)
Veterinarian: _____ phone: (____) _____
Pets: 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:** _____