Applicant Information	
Name:	DOB:
Address:	
	Email Address:
Employer:	
Time employed:	
Position:	
Residence Information	
Type of dwelling: HOUSE / APARTMENT / MOE	BILE / OTHER:
Do you RENT or OWN your housing?	,
If RENT: Are pets allowed by your la	indlord? YES / NO
Who do you live with? (Relationship and Ag	
	•
<u> </u>	
- <u>.</u>	
Are all responsible parties okay with	this adoption? YES / NO
General Information	
Why are you adopting a pet? COMPANION / FAM	MILY PET / GIFT / OTHER:
Who will be the primary caretaker of the pet? MYS	ELF / OTHER:
Is this your first experience owning a pet? YES / I	NO
Have you previously adopted a pet? YES / NO	
Is this your first time adopting from us? YES	3 / NO
If no - when?	
Have you ever surrendered a pet? YES / NO	
If yes - when & why?	
Have you ever surrendered a pet to us? YE	
If yes - when?	



If yes - please list breed and age:		
\\\/\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	-	
	vith this pet if you move?	ou are away from home? YES / NO
	To or oarning for the arminal whom y	
Animal Information	on	
	you looking to adopt?	
•	rience caring for this type of anim ain -	
Why did you choos		
Have you read the YES / NO	care sheet for this animal posted	on the Critter Corner Rescue website?
Personal Referen Please list 2 - 3 re	ices ferences who DO NOT live with y	ou.
Name:	Relationship:	Phone Number:
		Phone Number:
Name:		Phone Number:
understand that su	_	knowledge, is accurate and truthful. I not guarantee approval for adoption, and mal that I intend to adopt.
Signature: _x		Date: