

MERCY RESCUE AND ADOPTION, INC.

PO BOX 537, NORTH VERNON, IN 47265



Adoption Application

Contact Information:

Full name: _____

Occupation: _____

Address: _____

How long at this address: _____

Daytime Phone: _____

Evening Phone: _____

Best time to call: _____

Email address: _____

Family & Housing:

How many adults are there in your family (their relationship to you)?

How many children (ages)?

What type of home do you live in single family, town home, apartment, farm, etc.?

Please describe your household: __ Active __ Noisy __ Quiet __ Average

If you rent, please give the rules governing pets and the landlord's name and number:_____

(by providing this information you are allowing MRA to contact your landlord please inform them of this call so they will speak with us)

Does anyone in the family have a known allergy to dogs or cats? _____

Is everyone in agreement with the decision to adopt? _____

Do you have time to provide adequate love and attention? _____

Other Pets:

What other pets do you have (specify type and number)?_____

Are these pets up to date on vaccines? _____

Are these pets spayed/neutered? If not..why?_____

Have you every surrendered a pet? If so, why?

Have you ever had a pet euthanized? If so, why?

Have you ever lost a pet to an accident?

How do you discipline your pets and why?

Veterinarian:

Do you have a regular veterinarian? Yes No

Veterinarian's name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____

(Providing MRA with this information you are allowing MRA to call your vet. Please call your vet and ask them to authorize the release of information to MRA.)

About the Animal You Wish to Adopt:

Animal you wish to adopt? _____

What is your idea of an ideal animal and why?

Desired age: _____ Desired Size: _____

Desired breed: _____

Breed you would not adopt: _____

Where will the animal spend the day? (*describe*)

Where will the animal spend the night? (*describe*)

Number of hours (average) animal will spend alone? _____

Who will have primary responsibility for this animal's daily care? _____

Who will have financial responsibility for this animal? _____

Do you agree to provide regular health care by a Licensed Veterinarian? Yes No

Do you agree to keep the animal indoors primarily? Yes No

When the animal goes out, how do you plan to supervise it? Fenced yard? _____

Do you agree to contact MRA if you can no longer keep this dog? Yes No

Are you be willing to let a representative of MRA visit your home by appointment?
 Yes No

How did you hear about MRA? _____

Would you be interested in fostering? Yes No Would like to know more

Personal References:

Please list someone who is familiar with both you and your pets.

Name:

Address:

Phone:

Relationship (relative, neighbor, friend, etc.):

Name:

Address:

Phone:

Relationship (relative, neighbor, friend, etc.):

All of the information I have given is true and complete. This animal will reside in my home as a pet. I will provide it with quality food, plenty of fresh water, indoor shelter, affection, annual physical examination and vaccinations under the supervision of a licensed Veterinarian.

(Signature)

(Date)

