



# FREEDOM HEARTS ANIMAL RESCUE

## PET ADOPTION APPLICATION

Freedom Hearts Animal Rescue | PO Box 114 Gerrardstown, WV 25420 FreedomHeartsAR@hotmail.com  
| www.Facebook.com/FreedomHeartsAnimalRescue

Thank you for considering pet adoption! You are taking the first step in helping change the life of the pet that you wish to adopt. You are also opening up a space to save another animal from neglect or abuse. Please fill out all the applicable information below. Please be aware that all Adoption Applications can take up to 3 business days to be reviewed. This application does not guarantee adoption approval or animal placement into your care. We will review and consider any and all applications that are received in a fair and timely manner.

Name of Animal / Animals applying for: \_\_\_\_\_

### Part 1: Personal Contact Information

Name of Applicant/Co-Applicant: \_\_\_\_\_

Are you or your Co-Applicant 21 years old or older? Yes \_\_\_ (Proof Required) No \_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Own \_\_\_ Rent \_\_\_

If you rent, please provide the Landlord's Name/Agency \_\_\_\_\_ and phone number \_\_\_\_\_ so that we may contact and verify that they approve pet ownership.

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Part 2: Household Information

Do you personally know any of the volunteers of Freedom Hearts? Yes: \_\_\_ No: \_\_\_

If Yes, who? \_\_\_\_\_

Employer: \_\_\_\_\_ Co-Applicant's Employer: \_\_\_\_\_

How many people live in the household? Adults \_\_\_\_\_ Children \_\_\_\_\_

Ages of Children \_\_\_\_\_

Has anyone in your household ever been convicted of Animal Cruelty or Domestic Abuse?

Yes \_\_\_ No \_\_\_ If Yes, Who?

Is anyone in your home allergic to animals? No \_\_\_ If Yes, explain \_\_\_\_\_

Do you have other animals in the home? Yes \_\_\_ No \_\_\_

Cats# \_\_\_ Dogs# \_\_\_ Other# \_\_\_

Do you agree with declawing? Yes \_\_\_ No \_\_\_

If any of your animals are not Spayed/Neutered or not up to date on vaccines, please explain why:

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Have you ever needed to re-home or surrender a pet? No \_\_\_ Yes \_\_\_ A. If Yes, explain:

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Part 3: Vet Information and References

Veterinarian's Name? \_\_\_\_\_ Phone \_\_\_\_\_

May we contact? Yes \_\_\_ No \_\_\_ If No, why?

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Please list 2 personal references that are not relatives or your veterinarian

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

By signing below, I/we authorize Freedom Hearts Animal Rescue and its volunteers to contact the Landlords, Past and/or Present Veterinarians, Personal References and myself/ourselves in regards to the above application. I/We also certify that I/we have answered the questions to the best of my/our ability and the history and statements about my companion animals are true and correct. I/we understand that this application does not guarantee adoption approval and understand that Freedom Hearts Animal Rescue can deny any applicant/application for any reason based on their adoption rules. I/we understand that it may take up to 3 business days to process my/our application and that we may contact the rescue after that time period to inquire about the status of my/our application.

Printed Name of Applicant / Co-applicant \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

FHAR Representative Signature \_\_\_\_\_ Date \_\_\_\_\_