

Animal to be adopted _____



ADOPTION APPLICATION FORM

(Please Print)

Today's Date ____/____/____		PATA volunteer _____	
OWNER INFORMATION			
Owner's Last Name		First	Middle
		<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss
		<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.
		Marital Status (Circle One)	
		Single / Mar / Div / Sep / Wid	
Street Address		Birth Date	Age
		/ /	
		Sex	
		<input type="checkbox"/> M <input type="checkbox"/> F	
E-mail address		Contact Numbers	
Please provide the contact name and number of a person not residing at the same premises:		(+258)	
Name: _____		Contact: (+258) _____	
How did you hear about us?			
<input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Advertising <input type="checkbox"/> PATA member <input type="checkbox"/> Facebook / Twitter <input type="checkbox"/> Other _____			
HOME CONDITIONS			
<input type="checkbox"/> House with garden <input type="checkbox"/> House without garden <input type="checkbox"/> Apartment; _____ Floor <input type="checkbox"/> Room	Do you rent or own? <input type="checkbox"/> Rent <input type="checkbox"/> Own	If renting, do you have permission to have a pet? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many other people live at the premises? _____ Adults (family) _____ Children _____ Unrelated people
Do you have a pool? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is it enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Is the property enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe:		
ANIMALS			
Have you had animals before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes and you no longer have them, please tell us why:		
How many other animals live at the premises? _____ Cats _____ Dogs _____ Other	If you have other pets, are they sterilized? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you have other pets, they mostly live: <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both	Comments:
Have you ever surrendered an animal to a shelter before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please tell us why:		
How much quality time will you be able to spend with your new pet? <input type="checkbox"/> Through out the day <input type="checkbox"/> Morning and evening <input type="checkbox"/> Lunchtime <input type="checkbox"/> Weekends <input type="checkbox"/> Other _____			
POST ADOPTION			
After adoption we make random home checks and follow-up calls. Is this a problem for you? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you understand that adopting an animal is for the remainder of that animal's natural life, and is not a short-term commitment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you are in Mozambique temporarily, are you aware of the financial implications of relocating your pet? Are you willing to take this responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> No			
I represent that the information I have provided on this form is true and correct; in the event this information is not true and correct, I agree that PATA has the right to void my contract and a PATA representative will reclaim the adopted animal. By signing I state that I have read and agreed to the terms and conditions of PATA adoption.			
OWNER SIGNATURE		DATE	