



OUR LIL' BIT OF HEAVEN ANIMAL RESCUE AND SANCTUARY
4259 Mangus Road
Poland, Indiana 47868
1-765-712-0036
ownedbycaninesandloveit@yahoo.com
www.bitofheaven.org

Adoption Application (all fields are required)

Full Name: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ **Cell phone:** _____

Name of canine(s) you are interested in: _____

What attracted you to this particular adoptee(s): _____

Animals that are rescued have sometimes been in abusive and/or neglectful situations and may have difficulty making the transition to a new forever home. Are you willing to be patient while the canine adjusts to a new home? Y or N

Are you open to working with someone from this rescue to assist you in transitioning the canine should behavior problems arise? Y or N

Will the canine be a part of your family, living inside the home? Y or N

Do you have a "securely" fenced in yard for the canine to have play and potty time? Y or N

If yes, what type and how tall is the fence _____

How many hours per day will the canine be alone? _____

Where will the canine be kept during your absence from the home? _____

Do you realize and understand that on a regular basis this canine will require proper grooming, dental care, exercise, mental stimulation along with annual veterinary visits? Y or N

Are you willing to provide this care for the entire lifetime of this canine? Y or N

By whom, how often and how will this care be provided to this canine?

Grooming: _____

Dental care: _____

Ear cleaning/nail clipping: _____

Exercise: _____

Mental stimulation: _____

Do you own any pets at the present time? Y or N

If yes, please provide the following information for each pet:

Name	Breed/Species Spayed/Neutered?	Age	Up to Date on Vaccines	Are heartworm and flea preventative being used monthly?

If no, is this your first experience as a pet owner? _____

If not and you have had pets in the past what type were they and what happened to them?

This animal is currently provided a premium food, what type of food will you be supplying for him/her?

Please provide the information of the veterinarian who has provided care and has history on your current/past animals. If more than one veterinary office has been utilized list the information for all:

Name: _____

Address: _____

Phone: _____

If you do not currently have an established veterinarian or will be utilizing the services of one other than listed above, please provide the name, address and phone number of the one you will be using for this canine(s) should adoption be approved.

Name: _____

Address: _____

Phone: _____

What is your current living arrangement? Do you own or rent? (i.e. house, apartment, etc.)

If you rent, does your lease allow pets? Y or N/A

Landlord Name: _____ **Phone #:** _____

How long have you lived at this address? _____

Names and ages of all people living in your household: _____

Present employer and length of employment (for each adult in household): _____

Annual combined salary: _____

Provide names, contact numbers, and best time of day to contact, for at least two personal references (non-relative).

Name: _____ **Contact #:** _____

Name: _____ **Contact #:** _____

It is understood that we require a home visit before approving an adoption and placement of one of our canines. This visit will be scheduled with you upon approval of your adoption application.

Upon signing this application you are attesting to the accuracy and truth of all answers you have given. If any of the information you have provided proves to be false this adoption will not take place.

I, _____ have read this application in its entirety. And have provided complete and truthful answers to all questions.

Name

Date

Email address: _____