

Submitting an application in no way guarantees an adoption placement to you. Each potential adopter is approved on a case by case basis. If we believe there is a Perfect Fit with the Animal you are applying for, then we will contact you for our mandatory Home Visit. We do not have the resources to contact every person who applies. We do request an Adoption Donation for each animal adopted from us. You must be at least 21 years old to adopt from Critter Mama Rescue. Proof of age is required. We will not adopt our Rescue Dogs/Cats to anyone with unaltered animals at home.

Our Process

We only want the best possible fit for our Critters!

- 1. Complete our application and return to crittermamarescue@gmail.com by email or USPS.
2. After our review, we will call to set up an appointment to meet our dogs/cats.
3. A daytime visit to your home will be scheduled. All household members must be present at Home Visit.
4. A decision for "Adoption" or "not at this time" will be made by our Volunteers.
5. We will speak to you ASAP with our decision. Decisions are made in the best interest for each dog/cat.

There may be a dog/cat in the future that we feel is a better fit for your situation. If so, we will contact you.

Adaptors' Name _____ Driver's License # _____

Home Phone _____ Work Phone _____ Cell _____

Email address: _____

Spouse/Partner's Name _____ Phone Number _____

Roommate Name _____ Phone Number _____

YOUR Physical Address _____

Mailing Address if different _____

May we contact you at work to notify you of potential adoptable dogs? Yes or No

Names and ages of children/grandchildren in your household, or who may visit and interact with a pet:

Length of time at address _____ Own _____ Rent _____ Live with parents _____ Military _____

Housing type: House _____ Condo _____ Apartment _____ Mobile home _____ Manufactured _____ Other _____

Landlord name _____ Landlord phone _____

Plans to move? _____ Deployment? _____

Where would this animal go or who would take care of her/him if you were out of town or in case of an emergency?

Dog/Puppy Cat/Kitten you are interested in today?

Do you have a secured, fenced yard? _____ Will you install one to adopt (dog/puppy)? _____

Who will check on your Pet to let them out for a potty break, exercise them, feed/water them if you are away from home over 9 hours a day or an emergency comes up for you?

How did you hear about our adoption program? Please Circle
Friend - Family - Newspaper - Radio - TV - Web - Facebook - Twitter Other _____

Are you on Facebook? _____ Screen/Page Name _____

List your current veterinarian _____ City _____ Phone _____

Names of all pets treated by this Vet? _____

List your current and past pets below, so we may learn more about your animal caregiving experience.

NAME _____ Type _____ Breed _____ Colors _____ Age ____ Date of Birth _____ Sex __ Spayed/Neutered - Yes or No Current on Annual Vaccinations ____ Monthly Flea Preventative? ____ Monthly Heart Worm Preventative? ____ Kept Inside or Outside or Both _____ How long have you owned this pet? _____ Where did you get it? Rescue Shelter Breeder Friend Family Other: _____
NAME _____ Type _____ Breed _____ Colors _____ Age ____ Date of Birth _____ Sex __ Spayed/Neutered - Yes or No Current on Annual Vaccinations ____ Monthly Flea Preventative? ____ Monthly Heart Worm Preventative? ____ Kept Inside or Outside or Both _____ How long have you owned this pet? _____ Where did you get it? Rescue Shelter Breeder Friend Family Other: _____
NAME _____ Type _____ Breed _____ Colors _____ Age ____ Date of Birth _____ Sex __ Spayed/Neutered - Yes or No Current on Annual Vaccinations ____ Monthly Flea Preventative? ____ Monthly Heart Worm Preventative? ____ Kept Inside or Outside or Both _____ How long have you owned this pet? _____ Where did you get it? Rescue Shelter Breeder Friend Family Other: _____

Tell us why you want a/another pet in your life?

What is Your Ideal Pet? _____ **Breed Type/Mix Type** _____

Adult Size 4-15 lbs. Small ____ 16-40 lbs. Medium ____ 41-65 lbs. Large ____
Coat Short ____ Medium ____ Long ____ No Preference ____
Coat Color Black ____ B&W ____ Brindle ____ Brown ____ Cream ____ Gray ____ Liver ____ Orange ____
Red ____ Stripes ____ Tan ____ Tri-color ____ White ____ ANY ____
Age at Adoption 12-16 weeks ____ 4-12 months ____ 1-3 years ____ Older ____ No preference ____
Training None ____ Housebroken ____ Some obedience training ____ Fully trained ____
Activity Level Low ____ Medium ____ High ____
Sex Male ____ Female ____ No preference ____

1. Pet Experience First Time Owner ____ Have had one or two ____ Knowledgeable & Experienced ____
2. Time Away From Home Are YOU? Home all day ____ Out part-time ____ Away 7-10 hours daily ____
3. Our NEW Pet will Live Indoors only ____ Indoors/Outdoors ____ Outdoors only ____
4. Our CURRENT Pet(s) Lives Indoors only ____ Indoors/Outdoors ____ Outdoors only ____
5. Home Atmosphere Grand Central Station ____ Some activity ____ Zen-garden serene ____

What circumstances might justify giving up this NEW PET? (check all that apply)

Baby	Divorce	New Pet not getting along with others pets
Moving/Deployment	Allergies	New household member dislikes it
Shedding	Behavior problems	House soiling/urine marking
Want to travel	Pet becomes ill	Destructive
None	Children lost interest	Too time consuming

Other Reasons _____

Please circle Yes or No for each question.

1. Are you aware that some animals require weeks or even months to adjust to their new home, family, environment and other pets? Are you willing to allow for this adjustment period? **Yes or No**

2. Will you take your pet to a Veterinarian for yearly exams/vaccinations per your Vet's recommendations? **Yes or No**

3. Are you able and willing to pay for emergency care, which could cost \$200 to \$1,000 or more per visit? **Yes or No**

4. Are you able and willing to pay for normal pet expenses including veterinary care, supplies, toys, boarding, pet sitting, grooming, Grain Free high grade Food and Treats, Flea/Heartworm Monthly treatment, etc.? **Yes or No**

5. Are you able to commit to providing a home for a NEW Pet for their lifetime? **Yes or No**

6. Do you have any current or upcoming Medical or Physical, issue or limitations, which will make leash walking or back yard walking, this DOG/PUPPY, at least FIVE times a day a hardship?

Walk schedule – Morning, After Breakfast, Afternoon, After Dinner, and Before Bedtime. **Yes or No**

7. Are you physically able to play fetch or toss other toys to keep this dog active now and as s/he ages? **Yes or No**

8. If your NEW PET exhibits behavioral/adjustment issues, will you seek advice from us first? **Yes or No**

9. Would you be willing to pay for obedience or behavioral sessions? **Yes or No**

10. Do you agree that under any circumstance that YOU are no longer willing or able for ANY reason to keep and care for this animal, that YOU will IMMEDIATELY contact Critter Mama Rescue who will take this animal back into their program. No animal adopted from us is to EVER be placed in ANY Shelter or ANY other Rescue, or with ANY other person without our verbal and/or written consent. Do You Agree to this? This is legally binding. **Yes or No Initial here _____**

11. Is there anything you would like us to know about you, your situation or lifestyle that could make a difference to us?

12. By Initialing below, you agree that you are fully aware that all of our Rescued Animals have a suggested Adoption Donation to Critter Mama Rescue that helps pay for care received, including but not limited to: Food, Shelter, Training, Medical Care, Veterinary Care, Spay/Neutering, Microchipping, Up-to-Date vaccinations, Heartworm testing, de-worming, monthly Flea/Heartworm Medications, grooming and much more.

Adult Pets over TWO years old \$200.00 Young Pets under TWO years old \$225.00 X _____

By signing this form you are agreeing that you have read it in its entirety, and have answered truthfully each question. We reserve the right to speak to your past and current Vet, and past and/or current Pet Sitters, Neighbors and Family Members should we feel we need more information about your circumstances.

Signature _____

Date _____

Robin Roberts, President _____

Date _____

Mailing Address: 3848 Sun City Center Blvd., Suite #104 Ruskin, Florida 33573

[Follow us on Facebook](#) CritterMamaRescue@gmail.com

www.CritterMamaRescue.org