



# ADOPTION APPLICATION

26 NW 701 Rd  
Centerview, MO 64019  
(816) 654-4881

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Animal: \_\_\_\_\_

**\*\*PLEASE PRINT OR TYPE\*\***

Adopter Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Are you over the age of 18? \_\_\_\_\_ Email address: \_\_\_\_\_

Occupation: \_\_\_\_\_ School: \_\_\_\_\_

In what type of housing do you reside?  Apartment/Condo  House  Other \_\_\_\_\_

Do you rent this property?  YES  NO

If you RENT: Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you plan on moving within the next 12 months?  YES  NO

If yes, what do you plan to do with the animals? \_\_\_\_\_

Why do you want to adopt this pet?  companion for child  companion for other pet  
 companion for self  security  house pet  working dog/livestock guardian/barn cat  
 pasture pet/non-riding equine  riding equine  breeding  other: \_\_\_\_\_

Is this pet a gift for someone?  YES  NO If yes, who? \_\_\_\_\_

Have you previously owned pets?  YES  NO

List all current animals AND animals you have had in the past 10 years. If more, please write on separate sheet or in an email.

Name	Breed	Sex	Spayed/Neutered?	Current on Vaccinations?	Do you still own? If not, why?

List all veterinarians you have taken your pets to in the past 10 years and the veterinarian that you plan on using for this pet:

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you grant permission to Risen From the Ashes (RFA) to contact your vet(s)?  YES  NO



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### Dog/Cat Adoptions:

Will the pet be: Indoors Only Outdoors Only Indoor/Outdoor Dog Run

How much of the time will the pet be outside? \_\_\_\_\_

How much of the time will the pet be indoors? \_\_\_\_\_

Where will the pet be when left alone? \_\_\_\_\_

Where will the pet sleep at night? \_\_\_\_\_

Do you have a fenced yard? YES NO If yes, how high is the fence? \_\_\_\_\_

What type of fencing? \_\_\_\_\_

Who is responsible for providing meals to the pet on a regular basis? \_\_\_\_\_

Who is responsible for providing exercise to the pet on a regular basis? \_\_\_\_\_

### Equine Adoptions:

Will the equine be: Pasture Only Stall Only Stall with Turnout Dry Lot

Will the equine be boarded? YES NO

If yes, Name and Phone of Facility: \_\_\_\_\_

Do you have a Trainer? YES NO

If yes, what is Trainer's Name and Phone? \_\_\_\_\_

Does RFA have permission to contact your boarding facility and/or trainer? YES NO

Will the equine have a fenced pasture? YES NO

What type of fencing? \_\_\_\_\_

What type of shelter will this equine have?

Fully Enclosed Barn Partially Enclosed Barn Run-In Shed NA/Other

If NA/Other, please explain: \_\_\_\_\_

Who is responsible for providing meals to the equine on a regular basis? \_\_\_\_\_

What type of feed do you plan on using for this equine? \_\_\_\_\_

What is your riding level/experience? \_\_\_\_\_

\_\_\_\_\_



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How many other adults live in your household? \_\_\_\_\_ List below names:

\_\_\_\_\_

How many children live in your household? \_\_\_\_\_ List below names and ages:

\_\_\_\_\_

**ADDITIONAL EXPERIENCE/INFORMATION YOU THINK WE SHOULD KNOW ABOUT YOU:** \_\_\_\_\_

\_\_\_\_\_

### SPECIFIC ANIMAL THAT YOU ARE INTERESTED IN:

NAME: \_\_\_\_\_ BREED: \_\_\_\_\_ SEX: \_\_\_\_\_

AGE: \_\_\_\_\_ ALTERED:  YES  NO

IF NONE SPECIFIC, PLEASE DESCRIBE WHAT YOU'RE LOOKING FOR: \_\_\_\_\_

\_\_\_\_\_

### IF YOU ARE OVER 18, PLEASE COMPLETE THE FOLLOWING:

Have you ever been convicted of animal cruelty? \_\_\_\_\_

Has someone in your immediate household been convicted of animal cruelty? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only:

\_\_\_\_\_ Signed Pre-Adoption/Interest Form

\_\_\_\_\_ Attended Meet and Greet

\_\_\_\_\_ Completed Adoption Contract

\_\_\_\_\_ Entered into database