

From the Heart For the Animals - Rescue & Adoption  
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## Adoption Application Packet

**Instructions:** Please respond to all questions as thoroughly as possible. You are to be applauded for your interest in providing a loving home to a rescue animal. These questions are designed to help us properly assess each potential home and to assist in attaining an appropriate match. Each animal is a unique individual, as is the human seeking to adopt them. The lifetime commitment to these animals makes it imperative for us to closely evaluate both the animal and the adopter. Please be as truthful and forthright as possible. If you have any questions or need clarification, please contact us. We are here to make this process as easy as possible. We place many animals and use this form to screen all applicants.

### **PERSONAL INFORMATION (Adopter #1):** (Please Print Legibly or Type)

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_

Zip: \_\_\_\_\_ DL#: \_\_\_\_\_ SSN (last 4 – used to verify no active warrants): \_\_\_\_\_

Home Phone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Work Phone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_**X**\_\_\_\_\_

Fax: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ E-Mail: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

### **PERSONAL INFORMATION (Adopter #2):** (Please Print Legibly or Type)

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_

Zip: \_\_\_\_\_ DL#: \_\_\_\_\_ SSN (last 4 – used to verify no active warrants): \_\_\_\_\_

Home Phone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Work Phone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_**X**\_\_\_\_\_

Fax: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ E-Mail: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

1. What is your reason for wishing to adopt at this time? \_\_\_\_\_
2. Have you ever shared living space with this species/breed?  Yes  No
- a. If YES, was the animal primarily yours?  Yes  No
- b. Have you had more than one?  Yes  No  
 If YES, how many? \_\_\_\_\_  
 If YES, was it:  at the same time  at differing times?
- c. How long did you live with the animal? \_\_\_\_\_  Years  Mos.
- d. The animal lived primarily:  Inside  Outside  Both  
 Other \_\_\_\_\_ (% In \_\_\_\_\_ % Out \_\_\_\_\_)
- e. What became of the animal?  
 died of natural causes \_\_\_\_\_  
 had to be euthanized because \_\_\_\_\_  
 had to be given away because \_\_\_\_\_  
 other \_\_\_\_\_
- f. Additional information we should know \_\_\_\_\_
3. How many humans currently reside in your house? \_\_\_\_\_ Age Range? \_\_\_\_\_

4. How many animals share your home? \_\_\_\_\_ Please complete the table:

Animal Type	Animal Name	Age in Years	Gender M/F	Spay/Neuter Y/N

5. The animal would live:  indoors full-time  outdoors full-time  in & out  
 (% In \_\_\_\_\_ % Out \_\_\_\_\_)
6. What type of containment do you have/plan? (Check all that apply & explain):  
 \_\_\_\_\_ sq. ft  chain link (gauge \_\_\_\_\_ ht \_\_\_\_\_)  electric wire  
 top  bottom)  dig guard  corner cover  crate  other: \_\_\_\_\_
7. I want:  an “easy-keeper”  a “challenge”

8. Are all animals in your care in good health and current on medical treatment?

Yes  No  I practice holistic medicine/prevention

9. May we contact your vet?  Yes  No (If NO, explain: \_\_\_\_\_)

Vet's Name: \_\_\_\_\_ Phone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

10. Who is your employer?  self-employed  other: \_\_\_\_\_

11. Who is your supervisor? \_\_\_\_\_ Contact number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

12. How many hrs/day will you spend with the animal on average? \_\_\_\_\_

13. Do you have a preference as to what type of animal you wish to adopt?  None

Yes: ( Male  Female,  Puppy  Adult,  Color: \_\_\_\_\_

Special Needs,  Independent  Needing lots of Attention)

Reason: \_\_\_\_\_

14. Would it ever be appropriate to strike an animal?  No  Yes

(Explain: \_\_\_\_\_)

15. Are you willing to accept this as a lifetime commitment?  No  Yes

You understand that to be how many years? \_\_\_\_\_

16. Are you willing to work to acquire appropriate permits (if required) by your city, county or state?  No  Yes

17. Have you checked the laws in your city / county / state (some areas ban certain species/breeds)?  No  Yes (If YES, with whom have you checked: \_\_\_\_\_)

What county do you live in? \_\_\_\_\_

18. Do you take your animals on vacations and outings with you?  No  Yes

Describe these outings: \_\_\_\_\_

19. Do you have someone who can take care of this animal if you have to be away?

Yes  No (Name: \_\_\_\_\_  Relative  Friend  Professional)

20. Are you able to adopt more than one animal (oftentimes we have some that cannot be separated without serious psychological harm to them)?  Yes  No

21. Are you willing to work with an animal who has special rehabilitation requirements?  No  Yes ( Physical  Psychological  Both)

22. Are you expecting to train or utilize this animal for any particular type of work?

No  Yes (Check all appropriate responses):

- Pet Therapy
- Education
- Protection
- Search & Rescue
- Personal Assistance
- Breeding
- Other: \_\_\_\_\_

Why? \_\_\_\_\_

23. Have you ever been convicted of a felony?  No  Yes (Explain: \_\_\_\_\_)

24. How long have you been at your current address? \_\_\_\_\_  Years  Mos.

I Own  I Rent (Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_)

(If renting, your landlord's permission will be required prior to placement.)

25. My adoptee could move in:  immediately  Date: \_\_\_\_\_

**PERSONAL REFERENCES:** Please provide three personal references, not related to you and not your vet, in the following table.

Reference	Address	Phone	Years Known	Relationship

Additional Comments: \_\_\_\_\_

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