

**Tucson CARES (520) 990-8912**  
**C**ompanion **A**nimal **R**escue **E**ducation and **S**upport

**ADOPTION APPLICATION**

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

I/we are interested in \_\_\_\_\_  Dog  Cat  Other  
(Pet's name)

1. Have you ever adopted a rescued animal?  Yes  No
2. I am interested in adopting a pet as (check all that apply):  
 A personal companion  A child's Pet  An office pet  Protection for business  Protection for home  
 A member of our family  A companion for another pet  A gift for \_\_\_\_\_
3. Rate your experience as a pet owner:  First time  Some experience  Knowledgeable & experienced
4. Please tell us some pet attributes you are looking for or anything else that will help us to match you with the best companion: \_\_\_\_\_
5. Do you want a pet that is?  Indoor  Outdoor  Both
6. How would you describe your home?  Calm, quiet  Moderately Active  Very active
7. What type of home do you live in? \_\_\_\_\_ (house, trailer, apt., condo)  
Do you  Rent  Own? How long have you lived there? \_\_\_\_\_
8. What will you do with this pet if you should have to move unexpectedly? \_\_\_\_\_  
\_\_\_\_\_
9. List members of your household and ages of children \_\_\_\_\_
10. Does everyone in your household agree about adopting and caring for the pet?  Yes  No
11. Who will be the pet's primary caregiver? \_\_\_\_\_
12. How much time do you and members of the household have to interact with your new pet?  
 The pet will be a constant companion.  Some one is often home  Moderate interaction  
 Rarely home/the pet will be on its own.  Minimal interaction during the week/lots of attention on weekends
13. I/we understand that rescued animals come with minimal training and need patience. If necessary, how will

behavior problems be resolved? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. **If this is your first pet, please go to number 15.** Otherwise, please tell us about your two most recent pets:

A. Name \_\_\_\_\_  Cat  Dog  Other

How long was the pet with you? \_\_\_\_\_  I/we still have this pet  Pet is deceased  Brought to  
A shelter  Placed with another person

Is the pet altered? \_\_\_\_\_ If not, why? \_\_\_\_\_ Is this pet  
declawed?  Yes  No

Does this pet wear identification?  Yes  No Is this pet micro-chipped?  Yes  No

B. Name \_\_\_\_\_  Cat  Dog  Other

How long was the pet with you? \_\_\_\_\_  I/we still have this pet  Pet is deceased  Brought to a  
shelter  Placed with another person

Is the pet altered? \_\_\_\_\_ If not, why? \_\_\_\_\_ Is this pet  
declawed?  Yes  No

Does this pet wear identification?  Yes  No Is this pet micro-chipped?  Yes  No

15. Have you budgeted for yearly pet expenses (food, veterinary care, toys, etc)?  Yes  No

Do you have a regular veterinarian?  Yes  No Name of clinic/Dr. \_\_\_\_\_

I certify that the information in this application is true.

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

*Thank you for choosing adoption.*

Adoption Counselor

Signature \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Application may be scanned and emailed to [info@tucsoncares.org](mailto:info@tucsoncares.org).  
An adoption counselor will contact you shortly.**