

**Kindred Spirits Animal Network Inc.  
Adoption Application**

P.O. Box 86 -- Mazomanie, WI 53560

Fax 608.795.0081

[www.kindredspiritswi.org](http://www.kindredspiritswi.org)

The goal of our Adoption Program is to find permanent, loving and responsible homes for the animals in our care. We try to find a match that considers not only the best interest of the animal, but also those of the adopter(s). Some of the animals have come from abusive or negligent homes.

As a potential adopter, please be aware that most of the animals that are up for adoption will need an abundance of patience, understanding, time and training to make him or her a wonderful addition to your family.

Please complete the application in its entirety, as incomplete applications will not be processed.

In order to be considered for adoption, you must:

- Be 18 years of age.
- Have formal identification (i.e. Drivers license, etc)
- Have the consent of all adults living in the household to adopt.
- Understand we have the right to deny or accept any application.

Please print:

Date of application: \_\_\_\_\_

Name of Animal(s) you are interested in adopting:

\_\_\_\_\_

Your Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Drivers License#: \_\_\_\_\_

Address (no PO Box please): \_\_\_\_\_

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

Email: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Work phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Why would you like to adopt this pet?

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Who are you adopting this pet for?

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Where will this pet be kept:  INDOOR  OUTDOOR  BOTH

How many hours per day will your new pet be alone? \_\_\_\_\_

During this time where will your pet be kept? \_\_\_\_\_

Do you live in a house?  Apartment  Condo  Mobile home   
Other \_\_\_\_\_

Do you (check one) Rent  Own  Other arrangements \_\_\_\_\_

Landlords Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

**\*Note you must have landlord's permission to adopt any animal.**

Will everyone in the household be present for the adoption? Yes  No

What household members will be responsible for the care and feeding of this pet? \_\_\_\_\_

Does anyone in your household have any allergies to animals? Yes  No   
Unsure \_\_\_\_\_

Are you considering moving in the next few months? Yes  No   
Unsure \_\_\_\_\_

What animals do you have currently living in your household? Please list all pets you have had (whether they are living with you now or not) in the last 5 years. Use additional paper if necessary.

Name	Breed	Age	Sex	Altered	Declawed	Where kept?

Are all animals you have now up to date on their rabies and distemper vaccinations:

Yes \_\_\_ No \_\_\_ Unsure \_\_\_

What veterinarian do you use? Name: \_\_\_\_\_

Clinic name: \_\_\_\_\_

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

Clinic Phone #: \_\_\_\_\_

By signing below, I certify that the information I have given is true. I understand that Kindred Spirits Animal Network Inc. has the right to deny my application for any situation that would be contrary to the best interest of the animal. I acknowledge that any misrepresentation will disqualify me from approval. I acknowledge that misrepresentation may result in removal of the adopted pet. I also agree to comply with Kindred Spirits Animal Network Inc policy and have this cat/dog spayed/neutered when the animal is age appropriate or otherwise advised by my veterinarian. I authorize my veterinarian to release any information requested by Kindred Spirits Animal Network Inc. I understand that Kindred Spirits Animal Network Inc. does not warrant the temperament or health of any animal and agree to hold them harmless.

*I also agree that should I adopt the above-mentioned pet and things do not work out, the animal will be returned to Kindred Spirits Animal Network Inc.*

Please fill out the above application and submit by one of the following methods:

Mail to: P.O. Box 86, Mazomanie, WI 53560

Fax to: 608.795.0081

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

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

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

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

\*\*\*\*\*Office Use Only\*\*\*\*\*

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Records check: CCAP \_\_\_\_\_ Kindred Spirits Records \_\_\_\_\_

Acceptable: Yes \_\_\_ No \_\_\_ IF no, please indicate which record check was not acceptable and why (attach print out if necessary):

\_\_\_\_\_  
\_\_\_\_\_

Date/Initial of who did records check: \_\_\_\_\_

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Veterinarian Check: Yes \_\_\_ No \_\_\_ Date/Initials:

\_\_\_\_\_

Comments:

\_\_\_\_\_

Animals up to date on shots: Yes \_\_\_ No \_\_\_ Heartworm: Yes \_\_\_ No \_\_\_

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Housing/Landlord Verified: Yes \_\_\_ No \_\_\_ Date/Initials: \_\_\_\_\_

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

Application approved: Yes \_\_\_ pending: \_\_\_ (list what you are waiting for):

\_\_\_\_\_  
\_\_\_\_\_

No \_\_\_ If no, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date/Initials of person approving application: \_\_\_\_\_

Applicant Notified of approval or denial? Yes \_\_\_ No \_\_\_

How notified: Phone \_\_\_ Mail \_\_\_ Email \_\_\_ Date notified: \_\_\_\_\_