## DUNROAMIN' STRAY AND RESCUE PRE-ADOPTION APPLICATION

Always keeping foremost in mind the best interest of our strays, DunRoamin' Stray and Rescue reserves the right to approve or deny any adoption application at its sole discretion.

Name	Add	Address			Postal Code		
Phone(s)	E-m	E-mail					
Thone(s)	Lin		*				
Are you interested in a s	pecific DunRoan	nin' Stray?	What char	racteristics	are you looki	ng for?	
		-					
Why do you wish to add	ent a net?						
Who will be the primary	• •	net?				*	
			CC . 11		•	**	
Is there anyone in the ho		adversely a	iffected by	a pet (alle	rgies, etc)?	Yes	No
Do you rent or own your							
How long have you live	Do you	Do you anticipate moving in the future?					
If you rent, do you have Landlord's name	your landlord's p	ermission	to have a p	et?	Yes No Telephone	Not app	licable
For dogs: Do you have	a fenced-in yard	?					
Type/size/height of yard	and fence						
Where will this pet stay during the day?			Where will this pet stay at night?				
Please list your current p	ets, their gender,	spay/neuto	er status and	d the date	of their last va	accination	s:
Name	Gender	Age	Spayed/N	Neutered	Date Of 1	Last Vacc	inations
			Yes	No		1	
			Yes	No		-	-
			Yes	No			
			Yes	No			
			Yes	No			
			Yes	No			
Do your pets get along with other animals?			Yes	No	Not applical	•	

Have you had pets in the past? If so, what happened to them?									
		8							
		e .							
<b></b>	0	<b>T</b>							
Who is your regular veterinarian		Location?							
Are you prepared for the expens possibly for the next 10 - 15 year		Yes No	l emergei	ncy medical care,					
How many adults are in your ho	Do all family members want to adopt this pet?								
Number and age of children in your home?									
For cats: have you read, and do you understand the information provided regarding upper respiratory infection and coccidiosis?  Yes  No									
How did you hear about DunRoamin'?									
Please provide two references:									
Name	Address	Address		Phone					
Name	Address		Phone						
Please feel free to make any con	nments you feel	are pertinent:							
				*					
*	- 160								
Applicant Signature			Date						
Applicant Interviewed By			Date						
Approved By			Date						
Denied (If so, give reason)			Date	3					
DunRoamin' Stray and Rescue P.O. Box 574 Florenceville-Bristol, NB E7L 1Y8									

Phone: (506) 328-3380

 $\label{eq:www.dunroaminstrayandrescue.com} \\ \text{DunRoamin' Stray and Rescue}$ 

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