

The Oasis Animal Sanctuary, Inc.
698 Central Avenue
Franklinville, NJ 08322
Phone 856-262-1222; Fax 856-512-2930

ADOPTION APPLICATION

The Oasis Animal Sanctuary, Inc. (TOAS) goal is to successfully match your lifestyle and needs to your newly adopted companion animal. Please answer the following questions completely and honestly by filling in the blank or circling your answer.

Step 1: *You must be 18 years of age or older.
You must present ID showing your current address.
You must provide time and money for good veterinary care and training.*

I AGREE TO STEP 1 yes___ no___

STEP 2:

NAME _____

ADDRESS _____

CITY/ST/ZIP _____

PHONE (h)_____ (w)_____

DRIVER'S LICENSE STATE_____ NUMBER_____

EMPLOYER'S NAME _____ PHONE_____

POTENTIAL DATE OF ADOPTION _____

DESIRED ANIMAL: Species: DOG CAT OTHER(describe)_____

Breed: _____

NAME AND/OR CASE# of desired animal _____

STEP 3:

Do you: own rent lease: house apt. other_____

Landlord name _____ phone _____

Do you have landlord's permission to house a pet? Yes___ No___

What setting do you live in? City Suburbs Rural Farm

If selecting a puppy, what age and size? Age_____ small med. Lg. Giant

If selecting a cat, what age? Kitten Adult

Have you had pets before? Yes___ No___

if yes, what kind? _____ qty. _____

Have you ever surrendered a pet before? Yes__ No__

if yes,why_____

Where_____ when_____

Do you have any pets now? Yes___ No___

if yes, what kind_____

How many_____

If you have a cat or cats, have they been tested for feline aids and feline leukemia? Yes No

What purpose will this pet have? Family pet barn cat hunting guard dog gift service

How many children _____, adults_____ live in your house?

Does the family know about and agree to the adoption? Yes__ No__

Does the family agree to assist in the proper care of this animal? Yes__ No__

How long will this animal be left alone while family is at school/work? _____ hours

Is your yard fenced? Yes__ No__ Height_____ OR

Do you have a Dog pen_____ Dog chain_____ Dog runner_____ Dog house_____?

Will this pet be mostly indoors or outdoors? (please circle one)

Where will your new pet sleep?_____

Do you know about your local animal laws? Yes__ No__

May we make a pre-adoption yard/house check Yes__ No__

Has anyone in your household been charged with and/or convicted of, violating animal cruelty laws? Yes__ No__.

If YES, who?_____

Who is your Veterinarian? Name_____ Phone_____

Whose name is on the veterinary account?_____

What arrangements will be made for the care of your pet(s) when you go on vacation?_____

If I adopt a dog, I agree **NOT** to allow my dog to ride in the back of an open pick-up truck !

PLEASE LIST 3 PERSONAL REFERENCES (maximum 1 family member, please)

Name _____ phone _____

Name _____ phone _____

Name _____ phone _____

I certify that the information given by me in this application is true and complete. I understand any false information given will terminate this application. I authorize release of records and other information concerning the above inquiries, to include information on employment, tenancy and veterinary records.

Signature (must be 18 years of age or older) _____

Date _____

FOR OFFICE USE ONLY

RESULTS OF VET CHECK:

RESULTS OF PERSONAL REFERENCE CHECK:

APPLICATION ACCEPTED YES NO

IF NO, WHY?

TOAS STAFF SIGNATURE _____

DATE _____