



# Nature's Way Animal Rescue & Rehabilitation, Inc.

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## Adoption Form

Adoption fee – donations would be greatly appreciated!

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

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Spouse Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Do you live in a:      house      apartment      mobile home

If you rent your home or property:

Do you rent your property?      Yes      No

Does your lease allow pets?      Yes      No

What is the name and phone number of your landlord?

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Do you have a copy of your lease stating that you are permitted to have pets?      Yes      No

Are there any restrictions concerning pets?

\_\_\_\_\_

List Everyone At That Address:

Adults (Age 18 or over)

Relationship to Adoptee

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_



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Children (Under 18 years)	Relationship to Adoptee
1. _____	_____
2. _____	_____
3. _____	_____

Is anyone in the household allergic to cats or dogs? Yes No

List Other Animals In Your Home:

Species	Breed	Sex	Neutered	Age	Time Owned
1. _____	_____	M F	Y N	_____	_____
2. _____	_____	M F	Y N	_____	_____
3. _____	_____	M F	Y N	_____	_____

Are you pets:            Inside                            Outside                            Both

Do you have a fenced in yard? Yes No Other:\_\_\_\_\_

Do you have a doggie door? Yes No Other:\_\_\_\_\_

How many hours per day are your pets left alone?\_\_\_\_\_

You are adopting an animal that has been rescued and therefore is deserving of a final and loving home. By adopting this animal from Nature’s Way Animal Rescue and Rehabilitation, Inc. I am agreeing to the following conditions and financially able to:

- \_\_\_1. provide a compassionate and loving home for the rest of this animal’s life
- \_\_\_2. protect this animal and take full responsibility for his/her behavior
- \_\_\_3. if for some reason I am unable to continue to care for this animal, I will return him/her to Nature’s Way Animal Rescue
- \_\_\_4. allow Nature’s Way a 30 day, 6 month and 12 month home visit to check on the animal’s living conditions
- \_\_\_5. allow Nature’s Way to also be listed on the Avid Chip registration list for emergency contact
- \_\_\_6. ABSOLUTELY will NEVER engage this animal in any form of animal fighting!
- \_\_\_7. Animal will be spayed/neutered no later then 5 months of age, if non-compliant, animal will be repossessed by Nature’s Way.
- \_\_\_8. will not hold Nature’s Way liable for any damage or injury caused by this animal.

Other important information concerning this specific animal:  
\_\_\_\_\_

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Previous/Current Veterinarian: \_\_\_\_\_  
Phone number: \_\_\_\_\_

Personal Reference: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Contact number: \_\_\_\_\_

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**\*\*For Office Use ONLY\*\***

**Animal Specifics**

Species: \_\_\_\_\_ DOB: \_\_\_\_\_  
Breed: \_\_\_\_\_ Sex: \_\_\_\_\_  
Color/Markings: \_\_\_\_\_  
Neutered: \_\_\_\_\_ Date: \_\_\_\_\_  
Micro Chip#: \_\_\_\_\_  
Vaccination History:  
Distemper/Parvo: \_\_\_\_\_  
Lepto: \_\_\_\_\_  
Rabies: \_\_\_\_\_  
other: \_\_\_\_\_

Worming: \_\_\_\_\_

Heartworm History:  
\_\_\_\_\_  
\_\_\_\_\_

Medical History:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Nature's Way Representative

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Foster home Representative

New Owner: \_\_\_\_\_ Date: \_\_\_\_\_