

# ADOPTION APPLICATION

## Morning Starr Animal Sanctuary

P.O. Box 1363, Cornville, AZ 86325 – 928.821.2420 Fax 928-634-2800

Please complete ALL the information on this application. This information will be used to determine the best possible match for you. Not all applications are accepted for the animal that is chosen. We want to place an animal in the best possible home. After completing the application please make a copy and keep one for your records.

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Occupation \_\_\_\_\_ Hours worked per week \_\_\_\_\_

Where do you live? \_\_\_\_\_ How long? \_\_\_\_\_ own/rent? \_\_\_\_\_

If renting, enter Landlords Name \_\_\_\_\_ Phone \_\_\_\_\_

Please answer the following questions:

1) Describe where the animal will live, shelter, inside, outside etc.

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

2) Name and phone number of your vet \_\_\_\_\_

3) What date are you available to take the animal home? \_\_\_\_\_

4) How many people are in your household? \_\_\_\_\_

5) Are there children in the household? If yes, list gender and ages.

\_\_\_\_\_

6) Are there other animals already in the household? \_\_\_\_\_

7) If yes to above, what kind and how many? Are they vaccinated? Are they spayed/neutered? Have they been exposed to other animals before? Explain.

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8) Height and type of fencing. \_\_\_\_\_

9) Do you understand that the animal may have problems? \_\_\_\_\_

10) If you are away, who will care for the animal?:

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11) What other animals have you had in the last 2 years? What happened to them?

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12) What, if any, is your experience caring for this type of animal?

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13) What is your reason for wanting this animal?

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Adoptive Owner Name

\_\_\_\_\_  
Date