

Please fax to 410-228-3979

BAYWATER ANIMAL RESCUE

Pet Adoption Application

1st Choice _____

2nd Choice _____

NAME OF APPLICANT _____
First Middle Last

PHYSICAL ADDRESS _____ CITY _____ COUNTY _____ STATE _____

ZIP _____ **Mailing Address (If Different):** _____

HOME PHONE _____ **CELL PHONE** _____ **DATE OF BIRTH** ____/____/____

E-MAIL _____ **WE NEED A COPY OF YOUR PHOTO ID.**

HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS? _____ IF LESS THAN 3 YEARS, LIST PREVIOUS:

ADDRESS _____ CITY _____ COUNTY _____ STATE _____ ZIP _____

WHERE DO YOU WORK? _____ HOW MANY HOURS/DAY? _____

HOW DID YOU HEAR ABOUT US? _____ IS THIS YOUR FIRST PET? _____

LIST **ALL PERSONS** LIVING IN YOUR HOUSEHOLD (INCLUDING ROOMMATES AND/OR SIGNIFICANT OTHER):

BAYWATER ANIMAL RESCUE RESERVES THE RIGHT TO CONTACT ALL ADULTS IN THE HOME.

NAME (LIST LAST NAME IF DIFFERENT)	RELATIONSHIP	AGE

DO YOU: () OWN / () RENT / () LIVE WITH FAMILY **If you rent, we must speak with your landlord.**

DO YOU PLAN TO MOVE IN THE NEXT 5 YEARS? _____ WILL YOUR PETS MOVE WITH YOU? _____

HOW MUCH WILL YOU BUDGET **ANNUALLY** FOR PET FOOD, VETERINARY CARE, PETSITTING, TOYS, ETC... \$ _____

HOW MANY HOURS/DAY WILL THIS PET BE ALONE? _____ DO YOU HAVE A FENCED YARD? _____

HOW WILL YOU HOUSE-TRAIN YOUR NEW PET? _____

HOW WILL YOU PET-PROOF YOUR HOME? _____

HOW MANY PETS DO YOU CURRENTLY HAVE? _____ PLEASE LIST **ALL PETS** CURRENTLY LIVING IN YOUR HOUSEHOLD.

NAME	BREED	SEX	HOW LONG OWNED	AGE	VET'S NAME/PHONE #

I HEREBY AUTHORIZE BAYWATER ANIMAL RESCUE TO CONTACT MY LANDLORD TO VERIFY THAT THE INFORMATION ON THIS FORM IS CORRECT.

I FURTHER AUTHORIZE BAYWATER ANIMAL RESCUE TO CONTACT MY VETERINARIAN/S TO OBTAIN ANY INFORMATION NEEDED TO PROCESS MY APPLICATION.

I UNDERSTAND THAT THE BAYWATER ANIMAL RESCUE MAY NOT BE ABLE TO ADOPT THE ANIMAL OF MY CHOICE AND RESERVES THE RIGHT TO CHOOSE THE BEST QUALIFIED HOME FOR THE ANIMAL.

SIGNATURE OF APPLICANT:

DATE: _____