

Robert E. Williams Animal Rescue Inc. Adoption Application

Robert E. Williams Animal Rescue Inc.

P.O. Box 10937

Fairfield, N.J. 07004

www.rewar.org

Please email completed applications to: rewar811@gmail.com

Please read and answer all questions fully. Our application is lengthy as owning an animal is a life time commitment. Serious thought and consideration should be given before deciding to adopt. Many of these animals have been through very difficult times and it is our responsibility to find the best home possible. Robert E. Williams Animal Rescue (REWAR) maintains the right to decline an application for any reason.

Adoption Fees

Dog: Puppy – 6 years old	\$475 includes up-to-date shots, transportation to New Jersey, and spay/neuter (if old enough)
Dog: 7 years and up	\$300 includes up-to-date shots, transportation to New Jersey, and spay/neuter
Cat	\$125 includes up-to-date shots and spay/neuter (if old enough)

Contact Information

Full Name	
Occupation	
Street Address	
City, State, Zip code	
How long at this address?	
Daytime Phone	
Evening Phone	
Best time to call	
Email Address	

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Animal You Are Applying to Adopt:

Name	
Sex	
Breed	

Questionnaire

1	For whom are you adopting the pet? ___self ___ gift ___other family member Please explain
2	Is everyone in the household in agreement with the decision to adopt a cat/dog?
3	Does anyone in the family have a known allergy to cats/dogs?
4	What is your typical day/schedule like:
5	What do you think are the most important responsibilities in owning a pet are?
6	Do you have time to provide adequate love and attention?

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7	<p>Have you ever had an application declined for adoption of an animal from an animal welfare group/animal control facility? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If yes explain:</p>
8	<p>Why do you want to adopt?</p>
9	<p>How soon are you ready to adopt?</p>
10	<p>What is your idea of an ideal cat/dog and why?</p>
11	<p>Willing to adopt (skip if applying to adopt a cat):</p> <p><input type="checkbox"/> Outgoing/hyper dog <input type="checkbox"/> Shy dog</p> <p><input type="checkbox"/> Dog that needs regular medication <input type="checkbox"/> Dog that needs training</p> <p><input type="checkbox"/> Dog that needs grooming <input type="checkbox"/> None of these</p>
12	<p>Willing to adopt (skip if applying to adopt a dog):</p> <p><input type="checkbox"/> Outgoing/hyper cat <input type="checkbox"/> Shy Cat</p> <p><input type="checkbox"/> Cat that needs regular medication <input type="checkbox"/> Cat that needs training</p> <p><input type="checkbox"/> Cat that needs grooming <input type="checkbox"/> None of these</p>

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13	<p>Are you willing to take the time to housebreak? Do you understand that a change in environment may cause the pet to have accidents?</p> <p><input type="checkbox"/>yes <input type="checkbox"/>no</p>
14	<p>Under what circumstances whether personal or pet related would cause you to relinquish ownership of the pet (eg: children, divorce, marriage, relocation, pet aggression or illness).</p>
15	<p>If a behavioral problem arises, what steps will you take to work on it?</p>
16	<p>Who will have primary responsibility for this cat/dog's daily care?</p>
17	<p>Who will have financial responsibility (including emergency care) for this cat/dog?</p>
18	<p>Do you plan to use a crate? What do you think about crating?</p>
19	<p>When you are home, where will the pet be kept?</p>
20	<p>How many hours will the dog be left unattended (i.e., workday)?</p>

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21	When no one is home (i.e. at work, shopping), where will the pet stay (be specific)?
22	Where will the pet sleep at night?
23	How often will you exercise the dog and for approximately how long?
24	When the dog goes out, how do you plan to supervise it?
25	Do you agree to keep the cat/dog as an indoor cat/dog? ___yes ___no
26	How often do you travel? What will you do with the pet when you travel?
27	If you move, what will you do with the dog?
28	Do you have any prior experience in pet ownership? Please explain:

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29	Please list all pets in the household including type, breed, age, temperament and sex:
30	Are these pets spayed/neutered? ___yes ___no If no, why not?
31	Are these pets up to date on vaccines? ___yes ___no
32	How do you discipline your pets and why?
33	Do you have a regular veterinarian? ___yes ___no Name of vet: Clinic Name: Clinic Address: Clinic Phone Number: *Providing REWAR with this information you are allowing REWAR to call your vet. Please call your vet and ask them to authorize the release of information to REWAR.

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34	Will/can you use preventative medicines such as flea/tick and heartworm? ___yes ___no
35	What type of food do you plan to feed your new pet?
36	Have you every surrendered a pet? If so, why?
37	Have you ever had a pet euthanized? If so, why?
38	Have you ever lost a pet to an accident?
39	Please list names, ages and relationship of every person who lives in your house:
40	What type of home do you live in single family, town home, apartment, farm, etc.?

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41	Please describe your household: <input type="checkbox"/> Active <input type="checkbox"/> Noisy <input type="checkbox"/> Quiet <input type="checkbox"/> Average Description:
42	Do you own or rent your home:
43	If you rent, please give the rules governing pets and the landlord's name and number:
44	Is the yard fenced?
45	Does the fence belong to you, or to neighbors?
46	Do you have a pool? Is it fully fenced in?
47	Are you willing to let a representative of REWAR visit your home by appointment? <input type="checkbox"/> yes <input type="checkbox"/> no
48	Are you aware REWAR requires all dogs/cats in a home be spayed/neutered?

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	<input type="checkbox"/> yes <input type="checkbox"/> no
49	<p>Are you aware that the adoption fee is nonrefundable?</p> <input type="checkbox"/> yes <input type="checkbox"/> no
50	<p>Do you agree to contact REWAR if you can no longer keep this cat/dog?</p> <input type="checkbox"/> yes <input type="checkbox"/> no
51	<p>Any other information you would like to provide:</p>
52	<p>How did you hear about REWAR?</p>

Personal References

Name	
Street Address	
City ST ZIP Code	
Phone	
Relationship (relative, neighbor, friend, etc)	

Name	
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Street Address	
City ST ZIP Code	
Phone	
Relationship (relative, neighbor, friend, etc)	

Agreement and Signature

All the information I have given is true and complete. I have read the above information carefully and have filled out this application honestly. I understand that omission of information and/or failure to answer all questions and sign the application can result in this application being declined. Also, if an omission or untruth is discovered after an adoption takes place, I understand that the Robert E. Williams Animal Rescue (REWAR) reserves the right to annul the adoption and reclaim the animal. I give the REWAR permission to fully investigate the information provided as well as contact veterinarians and related officials. If the application passes this review, I agree to a home and yard visit on a mutually agreed date by a REWAR volunteer before an adoption decision is made.

This dog/cat will reside in my home as a pet. I will provide it with quality dog/cat food, plenty of fresh water, indoor shelter, affection, annual physical examination and vaccinations under the supervision of a licensed Veterinarian. If for any reason I can no longer keep the cat/dog/animal, I agree to contact Robert E. Williams Animal Rescue immediately.

In addition, I understand the adoption decision is dependent on many factors, including but not limited to the compatibility of the family and home to the individual animal, and other applications received on this animal. I understand it is REWAR'S prerogative to decide which home is most appropriate and that their decision is final, and therefore I will not argue with the decision. Unless otherwise indicated by REWAR, I am free to apply and undergo the application process in the future.

Name (printed)	
Signature	
Date	

Please email the entire completed application to: rewar811@gmail.com