



5195 S University Dr. Davie, FL 33328 • 954-436-2910 • [www.glimmeroflife.com](http://www.glimmeroflife.com) FAX  
APPLICATIONS TO: 954-436-7896 OR SCAN & E-MAIL TO: [glimmeroflife@aol.com](mailto:glimmeroflife@aol.com)

### ADOPTION APPLICATION

#### ADOPTION POLICY STATEMENT

In order to determine whether this proposed adoption is in the best interest of both you and the animal, we ask that you answer the following questions carefully and completely. We reserve the right to refuse any adoption in which we feel the pet would not be a suitable match for the family. Please understand that many of our rescues have already experienced the heartbreak of being given up by their families more than once. Most were given up because the family did not consider what it really takes to own a pet.

Name or type of pet applying for: \_\_\_\_\_ Date: \_\_\_\_\_

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

Spouse's Name: \_\_\_\_\_

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

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

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

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address (If available): \_\_\_\_\_

How did you hear about Glimmer of Life?

☐ Google ☐ Craigslist ☐ Website ☐ Newspaper ☐ Friend/Relative ☐ Other \_\_\_\_\_

1a. List all pets owned (past & current) in the last five years:

TYPE	BREED	SEX	FIXED?	AGE	WHAT HAPPENED TO HIM/HER?

If NONE, have you ever owned this type of pet? \_\_\_\_\_ How long ago? \_\_\_\_\_

2. Why do you want to adopt this animal? ☐ Companion ☐ Guard Dog ☐ Gift ☐ To Breed

☐ Personal Protection ☐ For Children ☐ Other: \_\_\_\_\_

3. Name of Your Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

4. How many adults in the household? \_\_\_\_\_ Children? \_\_\_\_\_ Ages of children: \_\_\_\_\_

5. If there are no children, do you expect that to change during this pet's lifetime? \_\_\_\_\_

6. Do all of the adults in the home know that you will be bringing home a new pet? \_\_\_\_\_

7. Who will be responsible for feeding, housebreaking & training? \_\_\_\_\_

8. Does any member of your family have allergies to animals? \_\_\_\_\_ What type? \_\_\_\_\_

9. Is someone home during the day? \_\_\_\_\_ Who? \_\_\_\_\_

10. How many hours will this pet be alone during the day? \_\_\_\_\_

11. When you are home, where will this pet be kept?

☐ House ☐ Garage ☐ Basement ☐ Yard ☐ Outdoor Kennel ☐ Tie Out ☐ Crate

12. When you are away, where will this pet be kept?

☐ House ☐ Garage ☐ Basement ☐ Yard ☐ Outdoor Kennel ☐ Tie Out ☐ Crate

13. Where will this pet sleep? \_\_\_\_\_

14. Do you live in a:

☐ House ☐ Townhouse ☐ Apartment ☐ Duplex ☐ Condo ☐ Mobile Home

Do you: ☐ Own ☐ Rent ☐ Other \_\_\_\_\_

Name of Complex: \_\_\_\_\_

Landlord's name and phone number: \_\_\_\_\_

15. Do you have a fenced yard? \_\_\_\_\_ What type? \_\_\_\_\_ Height: \_\_\_\_\_

If not, how will you keep your pet in the yard? \_\_\_\_\_

16. Which reasons are acceptable reasons for giving up your pet(s)?

☐ Moving ☐ Illness ☐ Biting ☐ Chewing ☐ Housebreaking Accidents ☐ Allergy

☐ Growling ☐ Showing Teeth ☐ Destructiveness ☐ Compatibility w/ Other Pets

☐ Scratching ☐ Too Hyper ☐ Stealing Food ☐ Hides For First Week ☐ Fence Jumping

17. Have you ever had to give up a pet? \_\_\_\_\_ When? \_\_\_\_\_

Why? \_\_\_\_\_

18. It may take your pet a while to adjust to their new home. What will you do if your pet displays undesired behavior during this adjustment period? \_\_\_\_\_

19. If required, are you willing to take this dog through obedience classes? \_\_\_\_\_

20. If you go away for a few days, who will care for your new pet? \_\_\_\_\_

21. If you move (either locally or out of state) what will you do with your new pet? \_\_\_\_\_

22. If you are no longer able to care for your new pet, what will you do with it? \_\_\_\_\_

23. What form of discipline do you practice with your pets? \_\_\_\_\_

24. Are you aware that dogs and cats require yearly vaccinations? \_\_\_\_\_

25. What will you do to prevent fleas and ticks on your pet? \_\_\_\_\_

26. What will you do to protect your pet against heart worms? \_\_\_\_\_

27. What form of I.D. will your pet carry? \_\_\_\_\_

28. How long have you thought about adopting a pet? \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_