



Animal Friends of Lansdowne
PO Box 869
Lansdowne, PA 19050
484-463-1277
info@animalfriendsoflansdowne.com

Animal Adoption Application

Animal you are interested:

Your Name:

Your Address:

Your City, State and Zip:

Your Home Phone # (with area code)

Your Employer:

Your Work Phone # (with area code):

Your Email Address:

Description of Living Situation: House Condo Apartment Mobile

Do you Rent Own

If you rent, landlord's name:

Landlord's Phone Number:

Landlord's email address:

Number of adults in household: _____

Do all adults in household know you wish to adopt? Yes No

Number and Age(s) of children in household: #: _____ Ages: _____

How have you prepared your children for a companion pet? Please be as specific as possible:

Do you have other pets? Yes No

If yes, please provide name, breed, age and gender of all animals in the household:

Who is your veterinarian (name, address, and phone number)?

(If you now have, or have had pets in the past, you must provide a vet reference.)

Is it your practice to keep your pets current on vaccinations? Yes No

If no, please explain:



Animal Friends of Lansdowne
PO Box 869
Lansdowne, PA 19050
484-463-1277
info@animalfriendsoflansdowne.com

Do you provide annual routine vet care for your companion pets? Yes No
If no, please explain:

If you have cats, have they been tested for Feline Leukemia (FeLv) and Feline Aids (FIV)?
 Yes No

Have you had your pets spayed or neutered? Yes No
If no, please explain:

Where in the home are your pets kept during the day?

Where are they kept at night?

How many hours a day/night is pet left alone?

Do you want your new pet to be: Indoor Only Outdoor Only Indoor/Outdoor

If you don't have pets now, have you had pets in the past? Yes No

If yes, please list pet(s) breed, name, age, gender:

How long ago did you have this pet(s)?

If this pet's veterinarian was different from the one above, please provide name, address, and phone number:

How long did you have your last pet?

What happened to your last pet? (Please be as specific as possible.)

Is this your first pet? Yes No

If this is your first pet, what vet do you plan to use (name, address, and phone number):



Animal Friends of Lansdowne
PO Box 869
Lansdowne, PA 19050
484-463-1277
info@animalfriendsoflansdowne.com

Where will you keep this new pet during the day?

Where will you keep this new pet at night?

How many hours a day will this new pet be left alone?

What has prompted you to adopt a companion animal?

What preparations will you make prior to your new companion coming home?

Please provide three references (name, address, phone, email and relationship to you):

Name	Address	Phone	Email	Relationship to you
1.				
2.				
3.				

If adopting a kitten, are you financially able to provide him/her with the required spay or neuter, rabies vaccination, and final booster at 6 months of age? Yes No

How did you hear about Animal Friends of Lansdowne?

- Word of mouth
- Petfinders
- Website – which one? _____
- Referral – who? _____

Unlike most rescues, AFL does not charge a set adoption fee. However, as a 501(c)3 (non-profit) organization, we rely solely on donations to provide our fosters with necessary veterinary care. Are you able to make a financial donation, in an amount that is



Animal Friends of Lansdowne
PO Box 869
Lansdowne, PA 19050
484-463-1277
info@animalfriendsoflansdowne.com

comfortable for you, to Animal Friends of Lansdowne? Yes No

I have reviewed my application and certify that the information provided on it is true and correct. I further agree to comply with the Animal Friends of Lansdowne Adoption Contract (included below for review & signature at time of adoption).

Full Name: _____

Date of submission: _____

Reviewed by AFL representative: _____

Date Approved: _____