



**Border Animal Rescue, Inc. (BAR)
Adoption Application**

BAR # _____
Adoption fee _____
Method of pmt _____
ID _____

THIS SECTION COMPLETED BY BORDER ANIMAL RESCUE

Today's Date: ____ / ____ / ____ Pet to be adopted: Dog ____ Puppy ____ Cat ____ Kitten ____
Name of pet: _____ Approx. age: (yrs.) _____ (mos.) _____ or DOB: ____ / ____ / ____
Breed: _____ Color: _____ Gender: ____ Altered: Yes ____ No ____
Microchip number _____
Fostered by: _____ Processed by: _____

ADOPTER INFORMATION

Name of pet you wish to adopt _____
Your First Name: _____ Last Name: _____
Physical Address: _____
City: _____ State: _____ Zip: _____
Mailing Address, if different: _____
Primary phone: (____) _____ - _____ Secondary phone: (____) _____ - _____
Email: _____
Ages of all household members: _____
Housing: Own or Rent Length of time at this address: _____
If renting, Landlord's name: _____ Phone: (____) _____ - _____
If renting, do you have permission to have a pet in your home? _____
Would you agree to allow Border Animal Rescue to conduct a home visit? _____
Please list two references (not related and not living with you):
Name: _____ Phone: (____) _____ - _____
Name: _____ Phone: (____) _____ - _____
Please list your other pets (if any), their species, whether they are spayed/neutered, and whether they are up to date on vaccinations: _____

