



Dog Adoption Application

The first step in adopting an animal from Street Tails Animal Rescue (STAR) is to complete an adoption application. **ONLY completed applications will be considered.**

Our adoption donation varies from \$295-\$500 for dogs and \$50-\$150 for cats – depending on breed, age, medical condition, and behavior resources that have been put into the individual animal. The adoption donation allows us to continue our mission to help Philadelphia’s homeless animals, with a focus on animals with special needs.

To adopt from STAR you must:

- Be at least 21 years old; with a valid state ID**
- Own your home or have consent from your landlord**
- Be able to provide a safe, loving, and stable home environment for the duration of the animal’s life**

Please allow **1-2 business days** for application processing. To prevent delays in processing please notify your veterinarian, references, and landlord (if applicable) that a staff member will be reaching out to them. STAR uses the information provided to help us determine the best available home for the animal and to find a pet that is compatible with your lifestyle. Thank you for choosing adoption!

ABOUT YOU:

Date Submitted: _____

Name: _____

Address: _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Email: _____ **Date of Birth:** ____/____/____

Name(s) of Persons Living in House (Spouse/Partner/Roommate/Children):

Ages of any children under 18: _____

Occupation: _____ **Average Weekly Hours Worked:** _____

Who will be the primary caregiver for the animal?

Your Home:

Please choose one:

I rent my home _____

I own my home _____

If **RENTING**, please provide the **FULL** name of your leasing company or landlord's: _____

Landlord's email: _____ Landlord's phone number: _____

Please check the appropriate line for type of residence you currently reside in:

- | | | |
|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single Family Home | <input type="checkbox"/> Condominium | <input type="checkbox"/> Townhouse |
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Duplex | <input type="checkbox"/> Mobile Home |
| <input type="checkbox"/> Other, please specify: _____ | | |

Do you have any breed restrictions in your complex/county/state? _____

How long do you plan to stay at your current address? _____

If you move in the future, what will you do with the animal you plan to adopt? _____

How long will you keep the pet you are planning to adopt? _____

Do you have a fenced yard? Yes / No If **YES**, how high is the fence? _____

Do you have a pool? Yes / No

Your Pet History:

If you are interested in a specific animal at STAR please list the name or names, if interested in more than one, of the pet(s) you are interested in. *Please list in order of preference:*

1 _____

2 _____

3 _____

If you are not interested in an animal currently in our facilities but want to be pre-approved for adoption please use the boxes below to indicate what you are looking for in a pet. *(Check all that apply):*

Gender

- Male
 Female

Age

- Under 6 months
 Under 1 year
 1-3 years
 4-6 years
 7-10 years
 Senior

Non - Shedding

Good with dogs

Good with kids

Good with cats

Size

- Small (under 20lb)
 Medium (20lb - 45lb)
 Large (over 45lb)

If you have a specific breed or breeds that you are interested in please list them below

Street Tails Animal Rescue

1030 N. 2nd St. Unit #401 Philadelphia, PA 19123

phone: 267.761.9434 | fax: 267.761.9496 | adoption@streettails.org | www.streettails.org

What type of experience do you have with dogs?

If you have not had pets in your name in the past 5 years (meaning you do not have veterinarian records that we can reference please skip to the next page.)

Please list the pets you currently have:

Name:	Breed:	Age:	Health/Behavior Issues:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are your pets current on vaccinations? Yes / No **Are your pets microchipped?** Yes / No

Are your pets altered (spayed or neutered)? Yes / No **Do your pets wear ID tags?** Yes / No

Veterinarian: _____ **Phone Number:** _____

Will you allow us to speak with your Vet to obtain information on the health of your animals? Yes / No

Please list any pets you have owned in the past 5 years who no longer live with you. (If they are still living, please explain why they no longer reside with you.)

Name:	Breed:	Age:	Deceased / Living
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever given up a pet? Yes / No

If **YES**, please state why and where the animal went:

If you do not have veterinarian records in your name please provide us with 3 NON-FAMILY references.

Reference Name: _____ Phone Number: _____

Reference Name: _____ Phone Number: _____

Reference Name: _____ Phone Number: _____

How will your new pet spend its DAYS? Check all that apply:

- | | | |
|------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Indoors | <input type="checkbox"/> Fenced Yard | <input type="checkbox"/> Back Porch/Patio |
| <input type="checkbox"/> Crated | <input type="checkbox"/> Tied Out | <input type="checkbox"/> Gated in a Room |
| <input type="checkbox"/> Garage | <input type="checkbox"/> Kennel Run | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Dog House | <input type="checkbox"/> Basement | |

How will your new pet spend its NIGHTS? Check all that apply:

- | | | |
|------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Indoors | <input type="checkbox"/> Fenced Yard | <input type="checkbox"/> Back Porch/Patio |
| <input type="checkbox"/> Crated | <input type="checkbox"/> Tied Out | <input type="checkbox"/> Gated in a Room |
| <input type="checkbox"/> Garage | <input type="checkbox"/> Kennel Run | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Dog House | <input type="checkbox"/> Basement | |

How long will your new animal be alone each day?

How will you exercise your new pet?

Have you had multiple animals in your home before? Yes / No

Would you be willing to take your new pet to training classes? Yes / No

Are you comfortable administering oral and/or topical medications if needed? Yes / No

How long are you willing to allow your new pet to adjust to your new home/other animals?

How will you handle undesirable behavior (chewing, accidents in the house, barking, etc.)?

How will you arrange for your new pet to be cared for when you travel?

Under what circumstances would you not be able to keep the animal?

Is there anything else you would like to tell us about your home and/or family?

Do you agree to allow us to visit your home by appointment as part of our application process? Yes / No

I certify that the information given by me in this application is true and complete. I further understand that any falsified information that I give will terminate action on the Adoption Process. I hereby authorize release/disclosure of records and/or other information concerning all of the above inquiries, including but not limited to employment information, tenancy information and veterinary records.

Signature: _____ DATE: ____/____/____

Roommate/Spouse/Partner: _____