



Society's OutKasts Animal Rescue (SOAR)  
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## SOCIETY'S OUTKASTS ANIMAL RESCUE ADOPTION APPLICATION

**In order to be considered for an adoption, you must: Be at least 21 years of age,** have the consent and knowledge of all adults living in your household, have a valid ID, have landlord's name and telephone number. Please understand that SOAR, Inc. must approve your application based on the policies set by the board of directors.

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

**Address:** \_\_\_\_\_ **Driver's License #:** \_\_\_\_\_

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

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

**Email Address:** \_\_\_\_\_

**Name of Pet Interested In:** \_\_\_\_\_

Please indicate all reasons for wanting to adopt this pet:  Companion  Watchdog  Family Pet  Gift

Other: \_\_\_\_\_

Do you live in a:  House  Apartment  Condo  Mobile Home

Do you:  Own  Rent

Does your lease permit pets?:  Yes  No Are there restrictions?: \_\_\_\_\_

Name and phone of landlord/leasing office: \_\_\_\_\_

Did you get permission from your landlord? \_\_\_\_\_

Does your HOA have breed restrictions? \_\_\_\_\_

Does your homeowners or renters insurance have breed restrictions? \_\_\_\_\_

Do you have a fenced yard?  Yes  No

If fenced, please describe the type and height: \_\_\_\_\_

Do you have a gate? Does your gate have a lock? \_\_\_\_\_

Do you have a pool? Does it have a fence or are you willing to get one?

Please provide the following information about your household:

Number of adults: \_\_\_\_\_ Ages: \_\_\_\_\_ Number of children: \_\_\_\_\_ Ages: \_\_\_\_\_

Please describe your dog experience (for example, challenging pet, pet with medical problems, first-time dog owner, basically just describe your dog experience in your own words: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you have children what is your dog experience and how to you plan on handling dogs/kids/introductions? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is anyone in your family allergic to animals?: \_\_\_\_\_

Where will your pet be during the day?:  Indoors  Outdoors  Crate  Garage  Other: \_\_\_\_\_

Will your dog be: Indoor Only Indoor/Outdoor \_\_\_ Outdoor Only: \_\_\_\_\_

What percentage of time will the dog be in the yard? \_\_\_ House \_\_\_\_\_

Is anyone home during the day?: \_\_\_\_\_

On average, how many hours per day will your pet be left alone?: \_\_\_\_\_

Where will your pet sleep at night?: \_\_\_\_\_

Which rooms are off limits to your dog? \_\_\_\_\_

Preferred level of exercise w/the dog (couch potato, short walks, vigorous walks, hike or jog regularly) \_\_\_\_\_

\_\_\_\_\_

Are all family members aware that you are considering adopting a pet?  Yes  No Do

they approve?  Yes  No

Who will be responsible for daily care & feeding? \_\_\_\_\_

How much money do you expect to spend on this pet's care (including any medical care) in a year?

What arrangements do you plan to make for the dog when you travel? \_\_\_\_\_

Please tell us the breed/size and age of any pets currently in your home:

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Are they spayed/neutered?  Yes  No  Not sure

If you answered "no", why no? \_\_\_\_\_

Have you owned any pets in the past?  Yes  No

If yes, what happened to them? (Died of old age, hit by a car, gave away..) \_\_\_\_\_

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In the past, have you ever been forced to give up your dog? Yes or no: \_\_\_\_\_

If so, what did you do? Gave to relative? \_\_\_ Gave to friend? \_\_\_\_\_ Took to animal shelter? \_ Gave to adoption group? \_\_\_  
Home through the newspaper? \_\_\_ Other? \_\_\_\_\_

Have you ever lost a dog? \_\_\_\_\_ How? \_\_\_\_\_

If your present living conditions were to change (move, change jobs, divorce, etc.), what would you do with this dog?

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What will you do if you can no longer keep your pet? \_\_\_\_\_

Under what circumstances would you feel it necessary to give this dog

up?  Dog digs up the yard

Large vet bill

Dog nips at

strangers/kids  Dog

barks or whines

Dog has a potty "accident" in the home

Dog damages property (i.e. carpeting, furniture, etc.)

Dog becomes aggressive

Dog becomes very ill

You move to a different state

Other (please detail): \_\_\_\_\_

What will you do if your dog or puppy chews up your favorite pair of shoes? \_\_\_\_\_  
\_\_\_\_\_

Name and Phone of current Veterinarian: \_\_\_\_\_

Are you willing to commit to a training class/program with this dog if required?  Yes  No

Do you understand that we rarely know whether a dog is housebroken or not, and are you willing/able to potty-train this dog if necessary?  Yes  No

How do you plan to train/discipline this dog?  
\_\_\_\_\_  
\_\_\_\_\_

How long are you willing to give this dog to bond with you and settle in to his/her new home?

One day  One week  One month  other \_\_\_\_\_

PLEASE INITIAL EACH STATEMENT BELOW:

\_\_\_\_ I understand I am committing to care for this animal and have it as part of my family for its natural life, which can be up to 17 years for a dog.

\_\_\_\_ I am financially able to provide for the animal's needs. This includes food, supplies, shelter, veterinary care and heartworm prevention, which can cost up to \$800 or more per year.

\_\_\_\_ I have adequate time to spend with my new pet, including time for training, exercise and grooming.

\_\_\_\_ I understand that if I move, my pet will make the move with me.

\_\_\_\_ I understand I must comply with all state and local ordinances concerning pet licensing and vaccinations.

All of the above information I have given is true & complete. I agree to follow the Rules and Policies of SOAR, Inc. I understand that it is my decision whether or not to adopt any particular dog. I will not hold SOAR, Inc. responsible for any damage, injury, or harm caused directly or indirectly to any person or property by any dog I may decide to adopt.

SOAR, Inc. AT ITS SOLE DISCRETION, RESERVES THE RIGHT TO REFUSE ANY APPLICANT FOR ANY REASON OR NO REASON.

I have read the disclaimer and agree to these terms and conditions.

Initial Here: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Date approved:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_