



BALTIMORE ANIMAL RESCUE & CARE SHELTER, INC.

ADOPTION APPLICATION

Revised 07/1/16

Date		Time		THIS AREA IS FOR OFFICE USE ONLY				
Name			Date of Birth				Person's PetPoint ID	
<i>Optional: Put a co-owner's personal information on second application and staple to this one.</i>			Dog		Cat			
Street Address			Unit/Apt.#		Matchmaker's Name			
City, State		Zip Code	County		Animal's Name	Location		
Home Phone	Cell Phone	Work Phone		Animal's PetPoint ID				
Email				Animal HOLD information				
Address Confirmation	Driver's License Number:		License State And Type:					
Checked By	Other		Hold Entered (date and initials)					
Do you rent?	Please explain any Landlord/Management/HOA pet restrictions:				Has person interacted with the animal?	Yes	No	
Yes	No							
Previous address (if <2yrs at current)		Zip Code	County		Is a meet and greet needed?	Yes	No	
Have you ever been issued an Animal Control citation?		No	<i>If yes, explain</i>				Matchmaker's Notes	
		Yes						
# of adults in household	# of children in household	Have you ever owned a pet?	Yes	No				

Please list ALL PAST AND CURRENT pets below. Use the back if you need more space.

Pet's Name	Breed (Cat/Dog/Other)	How long did you have the animal?	Outcome (died/living/given away/other) – Please provide outcome details.	Was animal spayed/neutered? (yes/no)

How did you hear about BARCS?

TURN OVER, FILL OUT SECOND PAGE

Why are you adopting an animal today?			
Name of your veterinarian (doctor or company). If you do not currently have a veterinarian, where would you take your animal in case of emergency?			
Where will the animal spend most of its time when you are not home?			
Where will the animal spend most of its time when you are home?			
Would you spay/neuter ("alter/fix") your animal?	Yes	No	If NO, explain why
Would you like to make an additional donation to help the shelter animals?	Yes	No	If YES, please indicate amount to be added to your receipt: \$ _____
I consent to allow BARCS to share my contact information with Pethealth, Inc. for the purposes of receiving 30 days free pet health insurance . I understand that Pethealth Services (USA) Inc and PTZ Insurance Agency Ltd. may call, mail, or email me. I consent to receive these calls, and can decline to receive them at any time in the future. YES ___ NO ___			
I have read the questions above. I certify my information is complete and true, and I understand any false information may void this application. I authorize BARCS to verify the information provided. I also understand that BARCS reserves the right to deny my application.			
Print Name		Signature	
I would like more information on: Dogs: <ul style="list-style-type: none"> <input type="radio"/> Adjustment to new home <input type="radio"/> Introduction to other pets <input type="radio"/> Crate training <input type="radio"/> Housebreaking <input type="radio"/> Exercise <input type="radio"/> Socialization with children <input type="radio"/> Behavior (mouthing/food aggression) 		Cats: <ul style="list-style-type: none"> <input type="radio"/> Adjustment to new home <input type="radio"/> Introduction to other pets <input type="radio"/> Litter box training/issues <input type="radio"/> Scratching and nail maintenance <input type="radio"/> Keeping cats indoors <input type="radio"/> Socialization with children 	
FOR OFFICE USE ONLY			
Check jurisdiction on property search	Initials/ date	Notes:	
Check for CSR or AC verification	Initials/ date		
Check for PetPoint DNA	Initials/ date		
Additional Notes:			
Application approved	Initials/ date	Application denied	Initials/ date
Applicant called/emailed	Initials/ date	Memo entered in PetPoint	Initials/ date