



Wilma's Orphans

A Canine Orphanage in Jackson, New Jersey

Adoption Application

Wilma's Orphans wants every applicant to understand the responsibilities involved in caring for a pet. It is a lifetime commitment and many pets live 16 to 20+ years. Dogs are pack animals that bond with their human family and need to be treated as a member of the family. Obedience classes with a professional trainer are always recommended to strengthen the bond and prevent problems. If you are willing to make that commitment, then please fill out and return this application to wilma@wilmasorphans.com.

PLEASE NOTE: A Completed Application DOES NOT Guarantee Adoption.
IMPORTANT: An incomplete application may not allow us to complete the adoption process.

Name and breed of dog you'd like to adopt?			
Would you consider a special needs dog?			
APPLICANT INFORMATION:			
Applicant's Name			
Co-Applicant's Name			
Street Address			
City, State & Zip Code			
What was your previous address (If less than 2 years at above address)?			
Home Phone (Area Code + Number)			
Cell Phone (Area Code + Number)			
E-mail Address			
Place of Employment & Occupation			
Work Phone (Area Code + Number)			
Co-Applicant's Place of Employment & Occupation			
Do either of your jobs require travel? If so, please explain how long absences generally are and who will care for your pet(s) while you are gone.			
Please list EVERY person residing in your household including yourself.	Name of Person	Relationship to You	Age
Do you have grandchildren? <ul style="list-style-type: none">If yes, what are their ages?How often do they visit you?			
Does anyone living in your home have allergies? If yes, explain			

Tell us a bit about yourself and why you want to adopt a dog.

DWELLING INFORMATION:

What type of dwelling do you live in:

<input type="checkbox"/> House	<input type="checkbox"/> Condominium	<input type="checkbox"/> Apartment
<input type="checkbox"/> House-Trailer	<input type="checkbox"/> Farm	<input type="checkbox"/> Other
If other, please elaborate:		

Do you own or rent your residence?

If you rent, please provide the name and phone number of your Landlord.

If applicable, please provide name and phone number of Homeowners' Assoc.

Are pets allowed?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
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If applicable, please explain any restrictions on pet ownership.

Do you have a fenced yard?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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• If yes, what type of fence:

<input type="checkbox"/> Chain link	<input type="checkbox"/> Wood	<input type="checkbox"/> Other
If other, please describe:		

• How high is the fence?

If your yard is not fenced, how do you plan to insure the dog receives safe and adequate exercise and pottyng?

How much time will the dog spend outside?

PET OWNERSHIP HISTORY

	Breed/Gender	Name	Age/Size	Spayed/Neutered	Vaccines Current
What animals currently live in the household? Please List:					

Please describe any pets no longer with you and what happened to them.

What do you think are the most important responsibilities in owning a pet?

How many hours will the dog be left unattended in an average day?

When no one is home, where will the dog be kept (please be specific – crate, gated in kitchen, free roam of house, etc)?

Where will the dog sleep at night?

Who will be responsible for feeding, housebreaking and training?	
What do you intend to feed the dog (be specific)?	
How will you housebreak the dog? (If necessary)	
Are you familiar with crate training?	
Do you have a crate? Size?	
References: (Please list people, other than family members, that have known you at least two years - preferably include your groomer and at least one neighbor)	
Name of Clinic/Veterinarian	
Street Address, City, State, Zip	
Area Code + Phone Number	
Name	
Area Code + Phone Number	
Relationship to you	
Name	
Area Code + Phone Number	
Relationship to you	
Name	
Area Code + Phone Number	
Relationship to you	

Please email this application to wilma@wilmasorphans.com or fax to:1516 750-1212

By signing this form I attest that the information that I have provided is the truth to the best of my knowledge and belief. I also understand that completing this form in no way guarantees me, nor obligates me to, adoption of the pet named above.

Applicant Signature

Date

Co-Applicant Signature

Date

Please be advised that a satisfactory Reference Verification and Home Visit with all household members present are pre-adoption requirements.