



Wilma's Orphans Inc

♥ A Canine Orphanage on Long Island ♥

Wilma's Orphans wants every applicant to understand the responsibilities involved in caring for a pet. It is a life time 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 members 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 please fill out and return this application to wilma@wilmasorphans.com or fax to 1.516.750.1212.

Wilma's Orphans Inc is a Not-for-Profit 501c3 rescue. The adoption fee of \$250 is a tax deductible charitable donation.

PLEASE NOTE: *A completed application DOES NOT guarantee adoption*

IMPORTANT: *An incomplete application will hold up the adoption process*

ADOPTION APPLICATION

Please print clearly

| | | | | | |
|---|------------|---|--------------------------|--------------|------|
| Where did you see Wilma's Orphans | | Internet__ | Flyer__ | Referred by: | |
| Name and Breed of dog you'd like to adopt: | | | | | |
| Would you consider a special needs dog: | | | | | |
| APPLICATION INFORMATION | | | | | |
| Applicant's First Name: | | Applicant's Last Name: | | | Age: |
| Co-Applicant's First Name: | | Co-Applicant's Last Name: | | | Age: |
| Street Address: | | City/State/Zip Code: | | | |
| Previous Address [If less than 2 yrs at present address]: | | | | | |
| Home Phone: | | | Cell Phone: | | |
| email address: | | | | | |
| List every person residing in your household | First Name | Last Name | Relationship to you | Age | |
| | | | | | |
| | | | | | |
| | | | | | |
| Do you have grandchildren: | Yes__ No__ | Ages: | How often do they visit: | | |
| Does anyone have allergies: | Yes__ No__ | If yes explain: | | | |
| Tell a little about yourself: | | | | | |
| EMPLOYMENT INFORMATION | | | | | |
| Place of employment: | | | Occupation: | | |
| Manager's name | | | Mgr's phone number: | | |
| Co-Applicant's place of employment: | | | Occupation: | | |
| Do either of your jobs require travel: Yes__ No__ | | If yes how long do absences last and who takes care of pets | | | |

| DWELLING INFORMATION | | | |
|---|--|------------------|---------------|
| What type of dwelling do you live in | House: | Condo: | Co-op: |
| | Apartment: | Farm: | House trailer |
| | If other explain: | | |
| Do you own or rent your residence: | Own: | Rent: | Share: |
| If you rent or share provide landlord's info: | Name: | Phone no: | |
| If you rent does landlord allow pets: Yes__ No__ | If you rent a copy of your lease or written permission from your landlord MUST be submitted with this application or the application will not be processed. | | |
| Is there a fenced yard: | Yes: ___ No: ___ | If yes how high: | What type: |
| If your yard is not fenced how do you plan to insure the dog receives safe and adequate exercise and pottyng: | | | |

| VETERINARIAN INFORMATION | |
|---|---|
| <i>Please notify your veterinarian's office to expect a call requesting information regarding your possible adoption.</i> | |
| Veterinarian's name: | Name of hospital: |
| Location: | Phone number: |
| Years using this vet: | If less than 2 yrs supply name and phone no. of previous vet |

| PET OWNERSHIP & HISTORY | | | | | | | | | | | | | |
|--|--------------------------------|------|-----|-----|---|--------------|------|---|---|-----|---|-------|---|
| | Breed | Type | | Sex | | Age | Size | | | S/N | | Shots | |
| | | Dog | Cat | F | M | X | S | M | L | Y | N | Y | N |
| Pets in home now | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| Hours alone per day: | Reason: | | | | | | | | | | | | |
| Where will dog spend the day: | Time spent outside: | | | | | | | | | | | | |
| Will you hire a trainer if necessary: | Where will dog sleep at night: | | | | | | | | | | | | |
| Will you hire a dog walker if necessary: | If no why not? | | | | | | | | | | | | |
| | If no why not? | | | | | | | | | | | | |

| REFERENCES | | |
|---|--------------|--------------|
| FRIENDS & NEIGHBORS ONLY **NO RELATIVES/IN-LAWS OR VETS/GROOMERS | | |
| Name | Phone Number | Relationship |
| | | |
| | | |
| | | |

By signing this form I attest the information provided is the truth to the best of my knowledge. I also understand that completing this form in no way guarantees or obligates me to the adoption of the above named dog or any other dog from Wilma's Orphans Inc.