



MONROE ANIMAL LEAGUE
P.O. Box 23, Stroudsburg, PA. 18360 570-476-8444
Adoption Application



Name: _____ Home Phone: _____
 Address: _____ Work Phone: _____
 Town: _____ State: _____ Zip: _____

Current Pets, Type and Breed	M/F	Age	Spayed/Neutered	Rabies Vac.	# Years Owned

Is your pet(s)? Inside ___ Outside ___ Alone during the day? Yes ___ No ___ For how long? _____
 Do you own or rent your home? _____ How long at present address? Yrs. _____ Months _____
 List previous address and for how long if less than 2 years: _____

If you are renting your home, does your lease allow you to have pets? Yes ___ No ___ How Many? _____
 Landlord/Rental Agency Name and phone number: _____

How many adults living in the household? _____ Children? _____ Ages of children _____

Has any member of your household ever been convicted or accused of animal abuse or negligence? Yes ___ No ___

Does anyone living in your home have any allergies to animals or animal dander of any kind? Yes ___ No ___

Are you willing to provide a lifelong home for pet? Yes ___ No ___ Provide daily fresh food/water? Yes ___ No ___

Keep pet indoor, only if a cat? Yes ___ No ___ Agree not to declaw or do tendonectomy if a cat? Yes ___ No ___

What will you do if your current pet(s) does not get along with this pet? _____

Who will be caring for this pet? _____ Is your yard fenced? Yes ___ No ___

Describe fence (kind/height/area) _____

Where will the pet be kept during the day? _____ Where will it sleep? _____

How and where will pet get exercise? _____

Where will pet relieve itself? _____ What if pet has an accident in the house? _____

Who will care for pet when you are away/vacation/emergency? _____

Are you financially able and willing to provide necessary medical care and annual vaccines for pet? Yes ___ No ___

Will you have the pet spayed/neutered within 8 weeks from adoption if not previously altered? Yes ___ No ___

Do you have a veterinarian? Yes ___ No ___ Vet Name: _____

Address: _____ Phone: _____

Do you consent to a check with your veterinarian as to the care bestowed upon your current pet(s)? Yes ___ No ___

Will you allow a home check prior to adoption? Yes ___ No ___ A visit to the animal after adoption? Yes ___ No ___

List the name, address and phone # of 3 people who are not related to you in any way to be used as personal references.

1) _____

2) _____

3) _____

Are you aware that if you are not able to keep this pet for any reason, said pet must be returned to the Monroe Animal League? Yes ___ No ___ Do you know that the adoption fee is non-refundable? Yes ___ No ___

Do not write in this space		
Monroe Animal League Use Only		
Landlord approval of pet: Yes ___ No ___	Vet reference: Yes ___ No ___	Home Check: Yes ___ No ___
Personal reference result: Yes ___ No ___	Comments: _____	
Applicant approval: Yes ___ No ___	_____	
Authorized approval signature	_____	