



All Sentient Beings, Inc.
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Adoption Application

ADOPTER INFORMATION:

Date: _____ Name of Animal(s): _____

Breed: _____ Description (Coloring): _____

Adopter Name(s): _____

Phone (Home): _____ Phone (cell): _____

Address: _____ City: _____ State: _____

Email: _____ Apt. or House? _____ Rent or Own? _____ Since? _____

Roommate/Spouse/Children: _____

Family allergies? _____

Screened windows (Y/N)? _____ Deck/Terrace? _____ Smoke detector(Y/N)? _____

Former pet(s), what type(s) & age(s): _____

Current pet(s), what type(s) & age(s): _____

(Spayed/Neutered?) _____

(Vaccinations up to date?) _____

(Tested for FIV/FelV?) _____

(Declawed?) _____

What do you feed your pet(s)?: _____

Occupation: _____ Work Phone: _____ How long working there? _____

Employer: _____ Work address: _____

Does your job require you to travel (Y/N)? _____ Do you work long hours? _____ Work at home(Y/N)? _____

Cats often live to be almost 20. What provisions have you made for your pet(s), if you are no longer able to care for them? _____

Where did you hear about our organization? _____

REFERENCES (please include professional and personal)

Name	Phone	Email	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

CURRENT VET

Name: _____ Phone: _____

Address: _____

By signing below you authorize All Sentient Beings, Inc. (“ASB”) to contact the references and veterinarian listed above as well as be available for a home visit by a representative of ASB.

Applicant’s Signature: _____ Date: _____