



All Sentient Beings, Inc.
454 West 46th Street, Suite 2BS
New York, NY 10036
Tel: 888-717-7474
Fax: 773-337-5446
Email: asbinformation@gmail.com
Web: www.AnimalLoversNetwork.org
Blog: <http://thelatestmews.blogspot.com/>
Twitter: twitter.com/sentientbeings
Facebook: All Sentient Beings

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: _____