



Enchanted Forest Wildlife Rescue

Animal Adoption Application

Animal Name: _____ Animal Species: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ DL#: _____ State: _____

Emergency Contact and Phone: _____

Please Provide one reference. Example Employer, Neighbor, Friend, Co-worker, etc.

Name: _____ Association: _____

Phone: _____ Email: _____

Type of Residence (home/apartment/farm): _____ Do you own _____ or rent _____

For Renters, Please provide the following information:

Landlord's Name: _____ Landlord's Phone: _____

Does your job require frequent travel? ___YES or ___NO

If yes, please explain how you will provide care for this animal while you are gone:

Do you have adequate housing prepared for this animal? ___YES or ___NO

What pets are currently living in the household and their ages?:

Enchanted Forest Wildlife Rescue of Kentucky and Enchanted Forest Wildlife Rescue of Indiana are 501(c)3 nonprofit organizations. Any donations (including adoption fees) are put towards the care and maintenance of our facilities and animals that reside at both locations.

Contact us at: info@enchantedforestwildlife.org or enchantedforestwildlife.of.in@gmail.com



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Are there any children living in the household? ___ YES or ___ NO

If yes, please list their ages: _____

Do you currently have a veterinarian? ___ YES or ___ I plan to get one.

Veterinarian Name: _____ Veterinary Phone: _____

Clinic Name: _____

Clinic Address: _____ City: _____ State: _____

Has this veterinarian had experience with this species? ___ YES or ___ NO

Have you had this species as a pet before? ___ YES or ___ NO

When and what happened to the animal?

List any and all resources you have for maintaining this species and properly caring for this species:

By signing, you vow that all information that you have provided to be truthful and honest.

Signature: _____

Date: _____

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EFWR has the right to refuse any adoption.

ADOPTION AGREEMENT

I understand that many of these animals are rescue animals and their medical history may be unknown. These animals are **NOT** tested for diseases. The animal, as with many species, may hide illnesses that are not observable at the time of adoption. I, _____ (adopter name), hereby understand that any and all medical care is my responsibility once the adoption is completed.

_____ (initial)

Furthermore, I agree that if this animal is not what I'm looking for, or I find that I can no longer have the animal where I reside, I will contact Enchanted Forest Wildlife Rescue immediately at 859-809-3397 or info@enchantedforestwildlife.org. Unfortunately, no refunds will be provided outside of the 7-day trial period since fees are used for the care and maintenance of our facilities and animals in our care.

_____ (initial)

This application is Confidential. I agree to authorize the release/disclosure of records and/or information concerning the above provided information. Release of Liability: I fully understand that adoption of this/these animals carries a risk of injury-----including being bit or scratched. My signature below attests to my intent to hold harmless and release from all liability EFWR of KY, EFWR of IN, their agents and assignees from all acts which are related to normal risk associated with the adoption of an animal including any illness this animal may incur or currently have.

Print Name: _____

Signature: _____ **Date:** _____

To Be Completed by EFWR staff:

APPROVED _____ (initial) **DISAPPROVED** _____ (Initial)

If disapproved, explain: _____

Visit Appointment: _____ **Adoption Fee:** \$ _____ **Paid Date:** _____

DATE ADOPTION HAS BEEN COMPLETED AND STAFF SIGNATURE:

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