



Persian Dreams RESCUE SOCIETY



"Helping Every Tail Find A Happy Ending"

PO Box 23134, Medicine Hat, AB T1B 4C7 Phone: 403-529-2287 Fax: 403-529-1279
Email: Website: www.persiandreams@hotmail.com

SMALL ANIMAL ADOPTION

Name: _____

Address: _____ Mailing Address: _____

Home Phone No: _____ Cell Phone No: _____

Email Address: _____ Do you rent your home ? () Yes () No

If Yes, please provide name and contact phone number of landlord: _____

_____ am adopting the following animal: _____

Breed: _____ Type: _____ Age/Date of Birth: _____

Please provide two *non family* references:

- | | |
|----------------|---------------------|
| 1) Name: _____ | Phone Number: _____ |
| 2) Name: _____ | Phone Number: _____ |

I am prepared to pay the adoption fee of \$ _____ to the Society.

I agree that I have the appropriate housing for this animal and I am aware of and willing to provide the proper husbandry, exercise, diet and supplements required to keeping this animal in healthy condition. I have researched the requirements for this animal's needs thoroughly and understand them. I am willing to provide any special needs this particular animal may require.

agree to contact Persian Dreams and Canine Themes Rescue Society in the event that I am unable to keep this animal for any reason.

Adopter Signature

Persian Dreams Representative Signature

Date Application Received

Date Application Approved