



NEW BEGINNINGS ANIMAL RESCUE OF SC

P. O. BOX 557

ORANGEBURG, SC. 29116

PHONE: 803-682-1697 or 803-747-0514

www.newbeginningsanimalrescueofsc.com

Like us on Facebook – New Beginnings Animal Rescue of SC

Email: info@newbeginningsanimalrescueofsc.com



ADOPTION APPLICATION

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Best Time to Reach You _____

Birthday _____ Drivers License Number _____ State _____

List all adults with age and relationship living in the household:

List all children with age and relationship living in the household:

Who will be the primary caretaker of the pet? _____

What type of housing do you live in: (apartment, condo, townhouse, single-family) _____

Do you rent or own? _____

If rent, provide landlord name and contact information. _____

How long have you resided at this address? _____

Do you have a fenced yard? (Describe) _____

If not, how do you plan to exercise the pet? (Explain) _____

Have you owned a pet before? If so, what breed(s)? _____

What kind of experience have you had/have with pets? (Training, vet, groomer, happy pet owner) _____

Have you ever adopted an animal before? Is so, what kind of experience did you have? _____

What pets do you currently own? How long have you owned them? _____

If you currently own a pet, is it spayed/neutered? _____

What happened to the pets you previously owned? _____

How many hours per day will the pet be left alone? _____

Where will the pet stay when left alone? _____

Where will the pet stay during the day? _____

Where will the pet stay at night? _____

Have you ever crated trained a pet? _____

Are you willing to have someone from New Beginnings Animal Rescue visit your home for a home check? _____

In signing this adoption application, I release New Beginnings Animal Rescue and anyone volunteering or working for them in any manner, of any and/or all litigation that may result in any way related to this animal



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You are required to cover the cost of caring for the adopted pet including routine and necessary veterinary medical expenses?

Personal References: (Prefer at least one veterinarian)

NAME

CONTACT INFORMATION

RELATIONSHIP

All of the information I have provided on this application is, to the best of my knowledge, true and complete. I understand that falsifying answers on this application, or at any other time during the adoption process, disqualifies me from adopting.

Signature of Applicant: _____

Date _____

Application Taken By _____

New Beginnings Animal Rescue of SC

Date