

# Animal Protection Coalition, Inc.

916 S. Prairie Ave.  
Frankfort, Indiana 46041  
(765) 659 -5209

[www.animalprotectioncoalition.org](http://www.animalprotectioncoalition.org)

## Adoption and/or Foster Application

### Applicant Information:

Please circle each option that applies: I'm an Adoption Applicant      I'm a Foster Applicant

Name

Mailing Address

City, State, Zip Code

County

Home Phone Number

Work Phone Number

Mobile Phone Number

E-mail Address

All Applicants must be over the age of 18. Are you over the age of 18? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been charged with or convicted of animal abuse and/or neglect?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain:

### Membership Information:

Are you a current Member of Animal Protection Coalition, Inc.? Yes \_\_\_\_\_ No \_\_\_\_\_

If you selected Yes, please tell us your Membership Expiration Date: \_\_\_\_\_

If you selected No, there is a **\$25 Application Fee** which includes a one-year membership; there is no application fee required if you are a current member. APC is a 501 (c)3 non profit organization. All contributions are tax deductible as allowed by law and your personal circumstances. **Please make checks payable to Animal Protection Coalition, Inc.,** and mail to **916 S. Prairie Ave., Frankfort, Indiana 46041** or you may pay with **PayPal** on our website: [www.animalprotectioncoalition.org](http://www.animalprotectioncoalition.org)

### Equine Related Information:

Do you currently own any animals? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, how many? \_\_\_\_\_

Please give us the date you last vaccinated your animal(s): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Types of vaccinations your equine(s) received:

Please give us the date you last dewormed your animal(s): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Which deworming product did you use?

If you do not own any animal(s), have you owned any in the past and if so how long did you own it for?

Within the last 5 years have you given away or sold any animal(s), if so please explain?

Within the last 5 years have any animal(s) died while in your care, if so please explain?

**Describe your experience with animals, handling, caring for animals, birthing, training, showing:**

**Will the animal adopted/fostered be housed at the address stated on the first page?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If you selected No, please provide the following information:**

<b>Facility Name</b>	
<b>Facility Address</b>	<b>City, State, Zip</b>
<b>Contact Person</b>	<b>Facility Phone Number</b>

**Facility Information:**

**If your adopted/fostered animal will be kept in a barn or crate, please answer the following questions:**

<b>Stall/Crate Size</b>	<b>How many hours will animal be turned out?</b>
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**If adopted/fostered animal will be outside at any time, please answer the following questions:**

<b>Pasture/Yard Size</b>	<b>Number of other animals that will kept in the same pasture/yard</b>
<b>Describe the type and size of shelter in pasture/yard.</b>	<b>Describe the type of fencing that is used for the pasture/yard.</b>

**Animal Care Information:**

**Who will be feeding the adopted/fostered animal?**

**Does this person have experience with animals?**

**How often do you plan on feeding the adopted/fostered animal?**

**How often do you plan on deworming the adopted/fostered animal?**

**What type of deworming products do you plan to use?**

**How often do you plan on taking the adopted/fostered animal to visit a veterinarian?**

**Foster Care Information:** *(For Foster Homes ONLY, if you only want to adopt, skip this section!)*

I would be able to foster: *(please circle ALL that apply)*

Cat Dog Horse Goat Sheep Pig Donkey Mule Bird Rabbit

Reptile Guinea Pig Hamster Mouse Rat Other: \_\_\_\_\_  
*(please specify)*

I would be able to foster an animal that fits into the following criteria: *(please check ALL that apply)*

\_\_\_\_\_ An animal with health problems

\_\_\_\_\_ An animal with training issues

\_\_\_\_\_ An animal that is young and has no training

\_\_\_\_\_ An animal that is limited on its activity level

\_\_\_\_\_ An older animal

\_\_\_\_\_ An animal that is pregnant

\_\_\_\_\_ An animal that was seized by law enforcement, while waiting a hearing *(The owner may be awarded custody of the animal by a judge)*

How many fostered animals could you house on a regular basis?

In an emergency?

**Adoption Information:** *(For Adoption ONLY, if you only want to foster, skip this section!)*

Please list the names of the animal(s) that you are interested in adopting, in order of preference:

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

What are you planning on using your adopted animal for?

How much time, per week, will you spend working with the adopted animal?

Please list each person's name, their age, and experience level (1=no experience to 10=very experienced) of every person that will be working with the adopted animal:

**Reference Information:** (You are responsible for getting all three of the reference forms signed and returned to Animal Protection Coalition, Inc. The following information is for our records so that we can match applications and reference forms together if they are faxed, mailed, or e-mailed separately.)

**Veterinary Reference Name**

**Phone Number**

**Please check which applies:**

**Address**

\_\_\_\_\_ **This is my current vet. # Years used** \_\_\_\_\_

**City, State, Zip Code**

\_\_\_\_\_ **This is the vet I plan on using.**

**Personal Reference #1 Name**

**Phone Number**

**Address**

**City, State, Zip Code**

**Personal Reference #2 Name**

**Phone Number**

**Address**

**City, State, Zip Code**

I understand that by filling out and signing this application, I am applying to adopt and/or foster an animal from Animal Protection Coalition, Inc. I also understand that my application must be approved before I will be allowed to adopt/foster an animal from Animal Protection Coalition, Inc. I also understand that my application may be denied for any reason and I may not be able to adopt and/or foster an animal from Animal Protection Coalition, Inc.

I also agree and understand that the information provided in this application may be used to request background checks, including criminal records to verify personal information.

By signing this application, I am stating that all information provided is true and I understand that there may be consequences to providing faulty information.

**Applicant's Name (Printed)**

**Date**

**Applicant's Signature (Application is VOID without signature)**

**You may return this application to our main organization or any of our equine divisions:**

**Animal Protection Coalition, Inc.**

**Mail to:** 916 S. Prairie Ave.  
Frankfort, Indiana 46041

**Fax to:** (206) 338-5604

**E-mail to:** [apc@animalprotectioncoalition.org](mailto:apc@animalprotectioncoalition.org)

**For addresses for our other divisions please visit**  
**<http://www.animalprotectioncoalition.org>**