

Kindred Souls Foundation
Senior Companion Program
Animal Companion Care Application

Applicant Name(s) 1. 2.	Home Phone	Alternate Phone
Physical Address (include city/zip)	Email Address	

1. Do you have a guardian who will need to authorize your Animal Companion Care Application & Contract? Yes No

Guardian's Name _____ Phone Number _____

2. Type of Dwelling House Apartment Condo Other _____

Apartment/Facility Name _____

3. Do you Own Rent Live with friends/relatives

Landlord's Name _____ Phone Number _____

4. How long have you lived at your current address? _____

5. Are there any pet restrictions in your place of residence? No Yes

If Yes, please specify _____

6. How many people live in the home? _____

7. Do you plan on moving in the next 12 months? Yes No

8. Do you have transportation? Yes No

If Yes, please specify _____

9. Do you have other animals in the home? Yes No

If Yes, please specify _____

10. Are any members of the household allergic to animals? Yes No Unknown

If Yes, then how will this be accommodated? _____

11. Please list any of your medical and/or physical conditions for which we should be aware in determining the most appropriate animal companion match for you:

12. Do you use any of the following: cane walker scooter wheelchair

13. Do you wish to care for a cat or a dog? Cat Dog

CATS

Hair length: short medium long any

Claws: de-clawed only (will limit options)

DOGS

Hair length: short medium long any

Activity level: high medium low

Will you walk the dog? Yes No

Weight: 0-20# 21-40# 41-50# 51+#

14. What is the most weight you can lift? _____ lbs.

15. Are you able to bend over to clean up the animal's waste? Yes No

16. Are you able/willing to brush your animal companion? Yes No

17. Are you able/willing to care for an animal who requires wet food? Yes No

18. Are you able/willing to care for an animal with medical needs? Yes No Unsure

19. Are you able/willing to care for an animal who needs oral medication? Yes No Unsure

20. Are you able/willing to care for an animal who needs needle injections? Yes No Unsure

21. How many hours a day will your animal companion spend without a human companion?

22. Where will your animal companion be while you are away from home?

23. Where will your animal companion sleep at night?

Please provide two emergency contacts:

Name _____ Phone _____

Name _____ Phone _____

Please tell us about yourself and what you would like in an animal companion: