

ADOPTION APPLICATION

Name _____ Email _____

Address _____ City _____ State/Zip _____

Phone (Home or Work) _____ Cell Phone _____

Name of pet you're interested in _____ **Dog** ___ **Puppy** ___ **Cat** ___ **Kitten** ___

Why did you decide to get a pet? _____

Do you live in an Apt. ___ Condo/Town Home ___ Single/Doublewide ___ House ___ Farm ___

Do you ___ Rent ___ Own How long have you lived at current address? _____ Yrs. _____
Mos.

If you rent, please provide Landlord's Name, Address, and Phone Number _____

Where do you plan on keeping the animal? ___ Inside ___ Outside ___ Both

If outside, how do you plan to confine the animal? ___ Fenced Yard ___ Kennel ___ Chain

If a dog, living inside, and you don't have a fenced yard, are you prepared to walk it
multiple times daily in spite of weather conditions (cold, hot, rain, snow)? ___ Yes ___ No

Where will the animal stay at night? _____

Where will the animal stay when no one is home? _____

Number of hours (average) the animal will spend alone? _____

Do you have the time to provide adequate love and attention to a pet? _____

Who will have primary responsibility for the animal's daily care? _____

Who will have financial responsibility for the animal? _____

Will you provide regular health care by a licensed veterinarian? _____

Current Veterinarian's Name: _____

Clinic Name _____ Phone _____

Address _____ City, State, Zip _____

What is your family's lifestyle? ___ Active & on the go ___ Quiet & relaxed ___ Noisy

___ Lots of kids in & out ___ Average ___ Travel frequently ___ Entertain frequently

How many children and their ages? _____

What other pets currently live in the household or on property (even if not owned by you)?

Type of Animal	Breed	Age	Sex
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are these pets up to date on Annual and Rabies vaccinations? ___ Yes ___ No

Are these pets spayed/neutered? ___ Yes ___ No If not, why? _____

Have you ever lost a pet or surrendered a pet to a shelter or rescue? ___ Yes ___ No

If yes, why? _____

Have you ever had a pet euthanized? ___ Yes ___ No

If yes, why? _____

Please list someone who is familiar with both you and your pets.

Name _____ Relationship: Relative, Friend, Neighbor

Address & Phone _____

Are you prepared to make a 10 - 15 year commitment to this animal? ___ Yes ___ No

All of the information I have given is true and complete. This animal will reside in my home as a pet. I will provide it with quality food, plenty of fresh water, shelter, affection, training, flea, tick, and heartworm control as needed, and annual physical examinations and vaccinations under the supervision of a licensed veterinarian.

Signature: _____ Date: _____