



ADOPTION APPLICATION

Name(s) of animal(s) you would like to adopt:

Applicant's Information

First Name _____ Last Name _____

Address _____

City _____ State _____ ZIP _____

Home number _____ Cell number _____

Work number _____ Email _____

Veterinarian Information

Name _____ Phone Number _____

Background Information

1. Do you have children living in your home? Yes or No

If yes, what are their ages? _____

Have they been exposed to pets? _____

2. Do you have pets now? Yes or No

Are your pets vaccinated? Yes or No

If yes, by whom? _____

3. Where do your pets live? _____

Are your pets spayed / neutered? Yes or No

If not, why not? _____

4. If you own dogs, have they been tested for heartworms? Yes or No

Results: Positive Negative

5. Are your animals on heartworm / flea prevention? Yes or No

Brand: _____

6. Has each adult living in your home consented to adopting this animal? Yes or No

7. Where will your new pet stay? Indoors Outdoors Both

If outdoors, how will the pet be restrained? Fenced yard Invisible fence Lot Other

8. If you are adopting a cat, are you considering having the cat de-clawed? Yes No Maybe

9. Do you own or rent your home? Own Rent

If you rent, please provide land lord phone number for approval or proof of pet allowance:

10. Your type of residence: House Apartment Townhouse Condo

11. Any other information you would like us to consider? _____

12. References: _____