



Dog/Cat Adoption application Form

Animal of interest? _____

Contact information:

Full Name: _____

Occupation: _____

Address: _____

How long at this address: _____

Daytime Phone: _____

Evening Phone: _____

Best time to Call: _____

Email address: _____

Family & Housing

How many adults are there in your family (their relationship to you)?

How many children (ages)?

What type of home do you live in: single family, town home, apartment, farm, etc.?

Please describe your household: __Active __Noisy __Quiet __Average

If you rent, please give the rules governing pets and the landlord's name and number:

(by providing this information you are allowing us to contact your landlord please inform them of this call so they will speak with us).

Does anyone in the family have a known allergy to dogs/cats? _____

Is everyone in agreement with the decision to adopt a dog/cat? _____

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

Other pets

What other pets do you have (specify type and number)? _____

Are these pets up to date on vaccines? _____

Are these pets spayed/neutered? If not... why? _____

Have you ever surrendered a pet? If so, why? _____

Have you ever had a pet euthanized? If so, why? _____

Have you ever lost a pet to an accident? _____

How do you discipline your pets and why? _____

Veterinarian

Do you have a regular veterinarian? ☐ Yes ☐ No

Veterinarian's Name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____

(Providing this information you are allowing a verification call to your vet. Please call your vet and ask them to authorize the release of information.)

About the Dog/Cat you Wish To Adopt

Where will the dog/cat spend the day? (describe) _____

Where will the dog/cat spend the night? (describe)-----

Number of hours (average) dog/cat will spend alone? -----

Who will have primary responsibility for this dog's/cat's daily care? -----

Who will have primary responsibility for this dog/cat? -----

Do you agree to provide regular health care by a licensed veterinarian? ___Yes ___No

Do you agree to keep the dog/cat as an indoor dog/cat? ___Yes ___No

When the dog goes out, how do you plan to supervise it? Fenced Yard? -----

Do you agree to contact us if you can no longer keep this dog/cat? ___Yes ___No

Will you be willing to let a representative visit your home by appointment? ___Yes ___No

Would you be interested in Fostering? ___Yes ___No ___Would like to know more

Personal References

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

Name :-----

Address: -----

Phone: -----

Relationship (relative, neighbor, friend, etc.):-----

Name :-----

Address: -----

Phone: -----

Relationship (relative, neighbor, friend, etc.):-----

All of the information I have given is true and complete. This dog/cat will reside in my home as a pet. I will provide it with quality dog/cat food, plenty of fresh water, indoor shelter, affection, annual physical examination and vaccinations under the supervision of a licensed Veterinarian.

(Signature)

(Date)