

ADOPTION APPLICATION

Animal Name: _____ Today's Date: _____

Your Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

_____ Cell Phone: _____

Email Address: _____ How did you hear of us? _____

Drivers License - St: _____ Number: _____

Vet's Name: _____ Vet's Phone: _____

What type & how many pets do you have now? _____ Are all vaccinations current? Yes No

Are all pets sterilized? Yes No If no, list reason: _____

List all other pets you have owned in the past 10 years. _____ What happened to them? _____

Do you rent? Yes No If yes, name, address and phone of landlord: _____

Names and ages of all household residents: _____ Do you have a fenced yard? Yes No

If so, what type and how high? _____

How many hours a day do your pets spend alone? _____ Where/how are they kept when you are not at home? _____

Where will your animal(s) go when you go on vacation? _____ ...if you must move? _____

Is this a gift for someone? Yes No What circumstance would cause you to give up your pet? _____

What are your plans for this pet? (E.g. mouser, protection, companion, hunting, etc.) _____ Are you aware that cats and some dogs can live to be 20 years old? Yes No

The average emergency vet bill is \$500. Would you pay this? Yes No Yearly shots average \$120 per pet. Are you willing to pay this? Yes No