

# Adoption Application

Date:  Are you considering adopting  a dog?  a cat?

Last Name:   
First Name:

Please fill out both sides of this form as completely as possible.  
Your answers will help us assist you in finding a compatible pet.

Address:   
City:   
State:   
Zip Code:   
County:

Home Phone:   
Cell Phone:   
Email:   
Age:  Under 21  21 - 30  31 - 40  
 41 - 50  51 - 60  61 - 70  70+

## Your Home

How long have you lived at this address?

Property Type

- House  Townhouse  Live with Relatives  
 Condo  Apartment  Other

Do you plan to move in the near future?  no  yes

If yes, when?

Is this a rental property?  yes  no

If renting, are you permitted to have pets?  yes  no

Pet Deposit:   
Weight Limit:   
Name of Complex:   
Name of Landlord:   
Phone Number:

## References

Please list 2 character references unrelated to you.

Name (1):   
Phone (1):

Name (2):   
Phone (2):

## Employment

**You**

Name:   
City:   
Phone:   
Position:   
Hours Per Day:

**Partner**

Name:   
City:   
Phone:   
Position:   
Hours Per Day:

## Your Family

How many household residents?   
How many children?   
Ages of children?   
Are all family members present?

Your family status?

- Married  Roommates  
 Divorced  Other  
 Single

Do you or any of your family have any on-going medical conditions (including allergies) that might interfere with pet ownership?

Yes  No

If yes, please explain.

## Pet Preferences

Name of Pet(s) you are interested in:

Age:

Breed:

Sex:  Male  Female

Who is responsible for the care of this pet?

Size:  Small  Medium  Large

How many hours per day will pet be alone?

Who is the pet for?  Yourself  Family  Child  Partner  Gift  Other

My pet will be kept in:  House  Garage  Crate  Kennel  Basement  Outdoors

What are your reasons for wanting to adopt a pet?

What concerns do you have about adopting a new pet?

How will you reprimand your pet for chewing, digging, scratching, house training / litter box mistakes and other misbehaviors?

What behavior would cause you to return your pet?

## Please list all pets residing in your household in the past 5 years

Name	Breed	Age	Spayed/Neutered	Vaccinated? (date)	Heartworm Tested? (date)	Describe your pets personality

Were any of your pets  Lost?  Hit by a car?  Put to sleep?  Given away?

If any are selected, please explain.

Have you applied/adopted a pet from us before?  Yes  No

When?  Pets Name?

## Veterinarian

Vet Name:

Clinic Name:

Phone:

City/State:

## Dog Related Questions

Do you have a yard?  Yes  No

Is it completely fenced?  Yes  No

Fence Height:

Fence Type:

If no fence, how will you keep your pet in your yard?

Where and how will you exercise your pet?

Will you crate-train your new pet?  Yes  No

Have you ever attended obedience classes?  Yes  No

Would you with this pet?  Yes  No

Please explain:

**I certify the information provided is complete and correct to the best of my knowledge. I give my permission for any of this information to be verified. I understand the adoption organization has the right to deny any adoption.**

Signature:

Date:

**Adoption organization will not consider any application with false or misleading information.**

Office use only	Comments:
Pet's Name: <input type="text"/>	
Pet's Number: <input type="text"/>	
Counselor: <input type="text"/>	