



Adoption Application

Please fill out the application below. Only those applications that are completely filled out are able to be processed. Also, you may wish to review our adoption process.

Name of pet you are interested in adopting.

Please provide the following contact information:

Name

Street Address

City

State

Zip Code

Work Phone

Home Phone

E-mail

Please list all people living in the household...include names, ages and relationship to applicant.

Do you own your current home?

Yes

No

What type of home are you currently living in? (Note – living in an apartment, mobile home or condo WILL NOT disqualify you for adopting a pet, as long as you are still able to meet that pet's individual needs.)

house

apartment

condo

mobile home

IF RENTING, please describe any restrictions or pets...size, breed, (declawed cats), etc.

If you are applying to adopt a dog, how will the dog be let out to relieve itself? Select any of the following options that apply:

- fenced yard
- leash walked
- free roam
- tie out cable
- kennel run
- loose w/supervision
- other (explain)

Are you employed? Yes No

If yes, please list your current employer and how many years you have been employed.

Where will your new pet stay when you are away?

How many hours a day do you anticipate your pet being home alone?

Where will your new pet sleep at night?

Are you familiar with crate training? Do you intend to use a crate? Do you currently have one?

Please list ALL pets currently living in your home. Include name, breed, age, and how long you have had them.

Please list all pets that you have previously owned. Include name, breed, and why you no longer have them.

Are your current pets spayed/neutered, current on vaccinations and if dogs, heartworm tested and on prevention?

Yes

No

If the answer to the previous question for any pet was no, please explain.

If you are applying for a cat, will the cat be allowed outdoors?

Never

Yes

Overnight

As it wishes

Please provide the following Veterinarian information. (NOTE, some vets require that you call and authorize them to talk to us)

Name	
Clinic/Hospital Name	
Street Address	
City	
State	
Zip Code	
Phone	
FAX	

If you have used any other veterinarians, please list names and phone numbers below. Include which pets they treated.

Please share additional comments or considerations that you would like us to know: