

Pet Adoption Application

Name of Animal:	Dog	_Cat	
Adopter Name:		Age:	
Address:			
City:	State:	Zip:	
Home Phone:	_ Cell Phone:		
Email:			
What is the best way to contact you? _			
Your type of dwelling: House Condo	Apartmer	nt Townhouse	
Do you rent or own your current reside	nce? Own	RentOther_	
If you rent, are pets allowed? Yes	No P	et Deposit? Yes No)
Do you plan to move within the next 6-3	12 months?	YesNo	_When?
We require written and/or verbal conse	ent from you	r landlord if you are r	enting.
What is the name of the property owner	er/agent/com	npany?	
Contact name and phone number:			
Do all adults in your household know yo	ou plan to ad	opt? YesNo	D
Do you have children? Yes No			

	Idea and the second description of the secon
	ldren ever been around dogs and/or cats? YesNoNot Applicable
Do your curre	nt pets get along with other animals? YesNoNot Applicable
What qualitie	s are looking for in a rescue animal?
-	ng for: Companion Family Guard Dog Gift
-	ng for: Companion Family Guard Dog Gift explain:
-	
Other Please	explain:
-	explain:
Other Please Will this pet b	explain:
Other Please Will this pet b	explain:ee:Mostly Indoor Mostly Outdoor Outdoors Only
Other Please Will this pet be Indoor only _ Where will yo	explain:e: Mostly Indoor Mostly Outdoor Outdoors Only ur new pet sleep at night?
Other Please Will this pet be a limited in the control of the con	explain:e: Mostly Indoor Mostly Outdoor Outdoors Only ur new pet sleep at night? of the house will the dog/cat be allowed?
Other Please Will this pet b Indoor only _ Where will you In what areas How many ho	ee: Mostly Indoor Mostly Outdoor Outdoors Only ur new pet sleep at night? of the house will the dog/cat be allowed? urs per day on average will the pet be alone?
Other Please Will this pet be a common to the common to t	explain:e: Mostly Indoor Mostly Outdoor Outdoors Only ur new pet sleep at night? of the house will the dog/cat be allowed?
Other Please Will this pet k Indoor only _ Where will you In what areas How many ho Do you travel	ee: Mostly Indoor Mostly Outdoor Outdoors Only ur new pet sleep at night? of the house will the dog/cat be allowed? urs per day on average will the pet be alone?

PAST/PRESENT PET HISTORY Please list age, type, gender and if the pet was spayed or neutered for all animals you have had inthe last five years (that you no longer have) and what happened to that animal. (Ex-Rosie, Kelpie, spayed female, died of old age) Are your pets current on all vaccinations? Yes _____No How often do you think a dog/cat should go to the vet for routine care? Current or most recent veterinarian and phone number: May we contact your vet for a reference? Yes No PLEASE PROVIDE TWO PERSONAL REFERENCES: NAME: PHONE NUMBER NAME: _____ PHONE NUMBER_____ Is there anything else you would like to tell us that you think would be important when considering your application?

Important:	
It is also important for all of us to know how any panother being in their home. If you think it is appropriately our pet(s) to the meet and greet. If you feel there compatibility, let's talk!	ropriate, we would love for you to bring
I can bring my other petsI will call to	discuss it
Finally, if you are doing a same day possible meet to pay the adoption fee via check or cash.	/greet/adopt then please come prepared
Signature	Date