

**APPLICATION FOR ADOPTION**

We are glad you are considering adopting a new pet through Animal Care Clinic. The consultation process is designed to help us determine if the adoption is in the animal’s best interest and to assist you in finding the animal most compatible with your lifestyle.

**TO BE CONSIDERED A POTENTIAL ADOPTER, YOU MUST:**

- \*be 18 years of age or older
- \*have identification showing your present address
- \*be a homeowner or have the knowledge and consent of your landlord
- \*be able and willing to spend the time and money necessary to provide vaccinations, medical treatment, training and proper care for a pet
- \*not be adopting the animal for a gift
- \*not have had an animal that has died of any contagious disease within the last 6 weeks

**IF YOU MEET THE ABOVE QUALIFICATIONS, PLEASE COMPLETE THE FOLLOWING:**

Applicant Information:

Name \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer’s Address: \_\_\_\_\_

Employer’s Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

I am interested in adopting a: Dog / Cat / Puppy / Kitten

I would like to adopt a: Male / Female / Either

Name(s) of the animals you are interested in adopting: \_\_\_\_\_

Why are you interested in this particular pet? \_\_\_\_\_

Is this your first experience with a pet? Yes / No

Please circle any of the following reasons you wish to adopt a pet:

Watchdog / Companion / Barn Animal / Companion for other pet / Hunting / Family pet / Breeding

Child’s pet / Guard dog for business Other: \_\_\_\_\_

When home alone the animal will be: (circle all that apply)

In a crate / In an outdoor kennel / Loose indoors / Fenced yard / Tied up outdoors / Loose outdoors

Other: \_\_\_\_\_

PET INFORMATION

Do you own any pets at the present time? Yes / No

If yes, please list name, breed, age, whether neutered, declawed, inside or outside:

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How many and what type of animals have you owned in the past 5 years? \_\_\_\_\_

What happened to those pets? Please be specific, include name, breed, age, whether neutered, health, cause of death if applicable: \_\_\_\_\_

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Have you ever given up an animal? If yes, please state reason: \_\_\_\_\_

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Please provide your veterinarian's contact information:

Name: \_\_\_\_\_

Clinic name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

RESIDENT INFORMATION

Do you currently reside in a: House / Apartment / Mobile Home / Duplex or Condo

Do you own or rent your home? \_\_\_\_\_

If you rent, does your lease allow pets? \_\_\_\_\_ You will need to provide a copy of your lease or written permission from your landlord.

If you rent, please provide your landlord's information:

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_

How many people live in your household? \_\_\_\_\_

If there are children in the household, what are their ages? \_\_\_\_\_

Is your new pet going to be an indoor or outdoor pet? \_\_\_\_\_

What type of preventive do you use for fleas? \_\_\_\_\_

Do you have a dog door? Yes / No

Is your yard fully fenced? Yes / No If yes, how tall is the fence? \_\_\_\_\_

What is the fence made of?

Wood / Chain link / Plastic / Horse panels / Chicken Wire / Barbed Wire / Smooth Wire

Other: \_\_\_\_\_

What will you do with this pet if you move or become financially/physically unable to care for it?

\_\_\_\_\_