

# Adoption Application

Personal Information:

Name:

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Phone #:

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Spouse's Name (if applicable):

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How many children in your home?:

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Ages:

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Are there any others residing in your home?:

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Please List:

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Are you employed?:

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Employer Name:

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Employer Address:

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Employer Phone:

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How long have you worked there?:

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Residential Information:

Home Address:

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How long have you lived there?:

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Is this where the pet will live with you?:

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If less than two yrs, what was your previous address?:

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Do you Rent or Own?:

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Apartment?: \_\_\_\_\_

House?: \_\_\_\_\_

Condo?: \_\_\_\_\_

Mobile Home?: \_\_\_\_\_

If renting, what is your Landlord's name?:

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Landlord's Phone Number:

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Have you received permission from Landlord?: \_\_\_\_\_

Adoptees must have written permission from the landlord or an agreement in writing with the condo association that must be shown to shelter staff before pet leaves the shelter

Other Adoption Information:

What do you think makes this particular pet a good choice for you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had experience with this particular breed? \_\_\_\_\_

What happens to the pet if you move? \_\_\_\_\_

Do you have a fence around your yard? Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will you exercise your pet? \_\_\_\_\_

How many hours are you away from home during the average work day? \_\_\_\_\_

Where will your pet be kept during that time? \_\_\_\_\_

What kind of other pets do you have in the home? Please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are they all current on their vaccinations? \_\_\_\_\_

Your Veterinarian's Name: \_\_\_\_\_

City: \_\_\_\_\_

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

Have you ever had to give up a pet? Please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does anyone in the household have allergies? \_\_\_\_\_

Does anyone in the household have Asthma? \_\_\_\_\_

Have you or anyone in your household ever been convicted of animal cruelty, neglect or abandonment? \_\_\_\_\_

