

Animal Adoption Application

Name:		Driver's License:	
Age:		State DL Issued:	
Home Address:		Email Address:	
		Home Phone:	
Breed Restrictions:		Cell Phone:	
Do you Own or Rent?		Employer:	
Landlord Name:		Work Phone:	
Landlord Phone:		Emergency Contact:	
Please List All Other Adults or Children in the Household Below:			
Name:			
Age:			
Gender:			
Please List All Current Resident Pets Below:			
Name:			
Breed:			
Age:			
Gender:			
Altered:			
Vaccines:			
Veterinarian Name:		Veterinarian Phone:	
Which pet are you interested in adopting?			
Do you consent to a home check?			

1. What is your reason for adopting a new pet? _____
2. Who will be the primary caregiver of the new pet? _____
3. What/Who is the pet for (select all the apply):

<input type="checkbox"/> For a Child	<input type="checkbox"/> For a Gift	<input type="checkbox"/> For Animal Companionship
<input type="checkbox"/> For a Family Member	<input type="checkbox"/> For a Friend	<input type="checkbox"/> For Human Companionship
<input type="checkbox"/> For Security	<input type="checkbox"/> For _____	
4. How many hours a day will the pet be left alone? _____
5. Where will the pet be kept during the day when alone? _____

6. Will the pet be kept outside or inside the majority of the time?_____

7. What is the maximum amount of time the pet will be outside unattended?_____

8. Where will the pet be kept at night?_____

9. Please list all pets you have had in the past 5 years and where they are now:

10. If deceased, what were the causes:_____

11. What behaviors would cause you to return a pet?_____

12. Have you ever adopted a pet from a shelter or rescue?_____

If yes, when and where:_____

13. Have you ever relinquished a pet to a family member, private party, shelter, animal control agency, or other animal rescue?_____

If yes, please explain:_____

I acknowledge that all information I have provided is complete and accurate.

Applicant's Signature_____ Date_____