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| **Adoption Application** | | | |
| **Applicant Information** | | | |
| Date: | | | |
| Name: | | | |
| Street Address: | | | |
| City: | | State: | ZIP Code: |
| E-mail Address: | | | Phone: |
| Occupation: | | | Length of Employment: |
| **Household Information** | | | |
| Number of people in your Household: | | | |
| Please list names & ages of people in household: | | | |
|
| Type of Dwelling:  *(Please circle)* House Apartment Condo Coop | | | |
| *(Please circle)* Own Rent Live with Parent(s) Other | | Landlord info (name, address, phone #): | |
| Length of time at current residence: | |
| Please list any landlord or insurance restrictions here (species, breeds, # of pets, weight, height, etc): | | | |
|
| Do you have plans to move? | If so, what are your plans for your pet(s)? | | |
| Do you have a yard? | Is it fenced? | Type & Height of fence: | |
| Do you permit a home check/ visit? | | | |
| Do you currently have any pets? | If Yes, list type(s), breed(s), name(s), & age(s): | | |
| Are they spayed/ neutered? |
| If you own cat(s), *please circle* if they are: Declawed Indoor/ Outdoor Outdoor Only Feral Indoor Only | | | |
| **Previous Pet Ownership** | | | |
| Have you had any pet(s) in the past? | | If so, what happened to them? | |
| Have any of your pet(s) been lost or picked up by Animal Control? | | | |
| If yes, please explain: | | | |
| Have you ever had to rehome a pet? | | | |
| If yes, please explain: | | | |
| Have you ever had to euthanize a pet? | | | |
| If yes, please explain: | | | |
| Have you ever trained a pet? | If yes, *please circle*: On Own Certified Trainer Friend Internet Resources | | |
| Have you ever crate trained a pet? | | Have you ever housebroken a pet? | |

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| **Pet Information & Care** | | | |
| Reason for wanting a Pet *(Please circle):* Companionship Protection For Other Pet For Children Gift Breeding Love | | | |
| Where will your pet live? | | | |
| Where will your pet sleep? | | | |
| How many hours per day will your pet be alone? | | Where will they be kept during that time? | |
| How will you exercise your pet? | | How often? | |
| Are you willing to seek professional training for your pet? | | | |
| Are you willing to crate train your pet? | | | |
| What type of food do you/ will you feed your pet? | | | |
| Are you willing to feed your pet a special diet (ie- grain-free, allergy diet, raw diet, etc)? | | | |
| If no, what are you not willing to feed your pet & why? | | | |
| **Veterinarian & Personal References** (Please do not list family members) | | | |
|
| **Veterinarian Name:** | | | Phone |
| Street Address: | | | |
| City: | | State: | ZIP Code: |
| Length of time using veterinarian: | Animals seen (names & species): | | |
| **Personal Reference Name:** | | | Phone |
| Street Address: | | | |
| City: | | State: | ZIP Code: |
| Relationship: | | Length of time known: | |
| **Personal Reference Name:** | | | Phone |
| Street Address: | | | |
| City: | | State: | ZIP Code: |
| Relationship: | | Length of time known: | |
| **Veterinarian #2 Name (if applicable):** | | | Phone |
| Street Address: | | | |
| City: | | State: | ZIP Code: |
| Length of time using veterinarian: | Animals seen (names & species): | | |