

APPLICATION FOR A LOST OR UNWANTED ANIMAL

Animal's Information:

ID Number _____ Name _____ Age _____
Breed _____ Sex _____

Applicant's Information:

Preferred

Name _____ Home phone: _____
Address _____ Work phone: _____
Town _____ State _____ Zip _____ Cell phone: _____
Email Address _____

Do you own (will be verified) or rent Own Rent: a house, an apartment, or condo

If you rent, please provide: landlords name _____ phone: _____

Do you plan to move in the next year? No Yes. Where to? _____

Do you live with your parents? Yes No Do you live with a roommate? Yes No

List the names of all adults in the household.

Is this animal going to be an indoor or outdoor pet? Indoor Outdoor Both

Does your property have a yard? No Yes

Is it fenced in? No Yes. If yes, what type & height of fence? _____

How long may the animal be left alone? _____ Are there allergies in your home? Yes No

Are there children in the household? No Yes. How many? _____ What are their ages? _____

Do you have regular contact with other children? (Grandchildren, neighborhood, etc) Yes No

Have you ever adopted from us before? No Yes. When? _____

Do you still have the animal? Yes No. Why not? _____

Have you had any other pets in the past five years that are not with you any longer? _____

What happened to that/those pet(s)? _____

Do you have any other pets in your home? No Yes. Please list **ALL** of the animals in your household.

Pet Name, Breed, Age, Sex	Neutered	Pet Name, Breed, Age, Sex	Neutered
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Will you agree to have the animal spayed/neutered? _____

Is this pet a gift for someone? No Yes. For whom? _____ Relation to you? _____

Applicant's Veterinarian:

Name _____ Phone _____

References:

Name _____ Phone _____

Name _____ Phone _____

PLEASE READ COMPLETELY

I understand that the above form is just an application and does not guarantee my selection or obligation. I also understand that each application is weighed equally, regardless of when it is received; that only one application can be chosen and I will not be afforded an explanation if I am not chosen. I hereby declare that I have read and agree to this section and that to the best of my knowledge all information on this application is true and correct.

Signature

Date