



## Adoption Application

This form is the precursor to starting the adoption process. Following submission, your application will be reviewed and careful consideration will be made to the needs of the dog/cat as well as those of any other families who have completed an application for the same animal. Once we have determined that you are the best fit, we will conduct a vet check and personal reference check. Please remember that this all takes time. We appreciate your patience.

### Personal Information

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Spouse's Cell \_\_\_\_\_

Drivers' License # \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Spouse's Employment \_\_\_\_\_ Phone \_\_\_\_\_

Do you have children? ☐ Yes ☐ No If **YES**, what are their ages? \_\_\_\_\_

### Home Information

What are your housing arrangements? ☐ House ☐ Condo ☐ Apartment ☐ Other

Do you own or rent you home? ☐ Own ☐ Rent

If you rent you home, does the lease allow pets? ☐ Yes ☐ No

If **YES**: What types / sizes of pets are allowed? \_\_\_\_\_

Has the pet deposit been met? ☐ Yes ☐ No

May we contact your Landlord? ☐ Yes ☐ No Phone Number: \_\_\_\_\_

Where will the animal live? ☐ Indoors ☐ Outdoors ☐ Both

If **BOTH**: How much time will be spent out of doors? \_\_\_\_\_

### For Dogs

Do you have a fenced yard? ☐ Yes ☐ No

If **YES**: How large is the yard? \_\_\_\_\_ How high is the fence? \_\_\_\_\_

If **NO**: How do you plan to restrain your new pet? \_\_\_\_\_

Where will the dog stay when you are not home? \_\_\_\_\_

Where will the dog sleep? \_\_\_\_\_

Is there an adult home during the day? If so, who? \_\_\_\_\_

## Animal Care Information

Do you have pets now? ☐ Yes ☐ No

Pet Information	Pet #1	Pet #2	Pet#3
Name			
Birthday/Age			
Species			
Breed			
Gender			
Spayed/Neutered?			
Vaccines Current?			
Heartworm Prevention Current?			

Please list the contact information of your veterinarian:

Dr. Name: \_\_\_\_\_ Clinic: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

List **all other** pets you have had in the last 10 years, not previously listed, how long you had them, and where they are now:

\_\_\_\_\_

\_\_\_\_\_

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Please list the contact information of your previous veterinarian(s):

Dr. Name: \_\_\_\_\_ Clinic: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

## Personal References

Please list three people not related to you that we can contact as personal reference:

Name:	Relationship to you:	Phone:
Name:	Relationship to you:	Phone:
Name:	Relationship to you:	Phone:

\_\_\_\_\_  
Adopter Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CHVC Staff Signature