



## ADOPTION APPLICATION FORM

For Internal Use Only:    CAT         DOG

Name of Dog/Cat \_\_\_\_\_

Date \_\_\_\_\_

**Before you begin** your interview with an adoption counselor, please note that you:

- Must be prepared to pay our adoption fee fee includes all shots, spay/neuter, microchipping and for cats, FIV/FeLV testing
- Must be at least 18 years of age
- Must provide the name of two personal references that we can reach by phone
- Understand that we cannot guarantee an animal's behavior or is housebroken;
- Should understand that while our animals have been fully vetted we cannot guarantee the health of an animal once it's in your home.
- Understand that we reserve the right to deny any application.

### Adoption Fees

Kittens, Cats & Dogs = \$200 (275 for a pair)

Puppies = \$300

Seniors = \$125

### +PERSONAL DATA+

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Company \_\_\_\_\_

Apt # \_\_\_\_\_ Address \_\_\_\_\_

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

Phone (h) \_\_\_\_\_ Phone (w) \_\_\_\_\_

E-mail \_\_\_\_\_ Phone (cell) \_\_\_\_\_

Would you be interested in volunteering with us? Yes \_\_\_ No \_\_\_

**+PERSONAL REFERENCES+**

(Not living with you and reachable by phone during this interview)

	REFERENCE NAME	ADDRESS	CITY	STATE	ZIP	PHONE
1						
2						

**+MEDICAL REFERENCE+**

(If you currently have a pet or recently lost one within the past year)

VETERINARIAN'S NAME	PET'S NAME	VET PHONE NUMBER	CITY	State

**+HOUSEHOLD INFORMATION+**

Who will be responsible for your pet? \_\_\_\_\_

Do you live alone? \_\_\_\_\_ If not, who are the other members (please fill in below):

1			2			3			4		
	Working hrs.			Working hrs.			Working hrs.			Working hrs.	

Maximum number of hours pet will be left alone? \_\_\_\_\_

How many children are at home? \_\_\_\_\_ List ages here \_\_\_\_\_

Are any members of your family allergic to animals? \_\_\_\_\_

Do you: Own \_\_\_ Rent \_\_\_

Does your landlord/lease allow pets? Yes \_\_\_ No \_\_\_

Elevator in building? Yes \_\_\_ No \_\_\_

Do you have screens on your windows? Yes \_\_\_ No \_\_\_

Fenced in yard? Yes \_\_\_ No\_\_\_

Where will your pet primarily be kept? Inside \_\_\_ Outside \_\_\_

Are you moving? Yes \_\_\_ No \_\_\_ If so, when? \_\_\_\_\_

**+PET INFORMATION+**

For whom is the pet for? Self \_\_\_ Gift \_\_\_\_\_

Will you have your pet neutered/spayed? Yes \_\_\_ No \_\_\_

Will you have your pet declawed? Yes \_\_\_ No \_\_\_

If you are interested in adopting a dog, what are your plans for training him/her?

\_\_\_\_\_

Are there any other pets **currently** living in your household? Yes \_\_\_ No\_\_\_

If yes, how many? \_\_\_\_\_

How long have you had your pet(s)? \_\_\_\_\_

Where did you get your pet(s)? \_\_\_\_\_

What do you currently feed your pet(s)? \_\_\_\_\_

Has your pet(s) been vaccinated? Yes \_\_\_ No\_\_\_ If yes, when? \_\_\_\_\_

If you have a cat, is he/she declawed? Yes \_\_\_ No \_\_\_

If you have a dog, have you given him/her training? Yes \_\_\_ No \_\_\_ If so, what kind?

\_\_\_\_\_

Have you ever had a pet not currently in your care? Yes \_\_\_ No \_\_\_ If yes, what breed(s)?

\_\_\_\_\_

How long did you have your pet(s)? \_\_\_\_\_

Where did you get your pet(s)? \_\_\_\_\_

Where is that pet now? \_\_\_\_\_

Has one or more of your pets died within the last 12 months? Yes \_\_\_ No \_\_\_

Please circle cause: Age Accident Illness

