



ADOPTION APPLICATION

Date: ___/___/_____

Interested in adopting a: Dog Cat

Name: _____

Phone:(___)___-_____ Cell:(___)___-_____

Email: _____

Street Address: _____

City: _____ State: _____ Zip : _____

Do You: Own Rent

Landlord's Name: _____ Phone:(___)___-_____

This Pet Will Be Primary: Indoors Outdoors

If outdoor, type of outdoor shelter:

Is Your Yard Fenced? Yes No

If no, how will you confine and exercise your dog? _____

Other Pets: No Yes, the home has Dogs and/or Cats and/or Other

(describe): _____

Children: No Yes, ages: _____

Does anyone in the home have allergies to animals? : yes no

If yes, please explain: _____

If you move what will you do with this animal? _____

Have you ever taken an animal to a shelter? yes no

If yes, why? _____

Have you previously owned pets? yes no

If yes, what happened to them? _____

Do you have means of caring for for your pet if you are away from home? yes no

Describe: _____

Adopter's Signature _____

Date _____