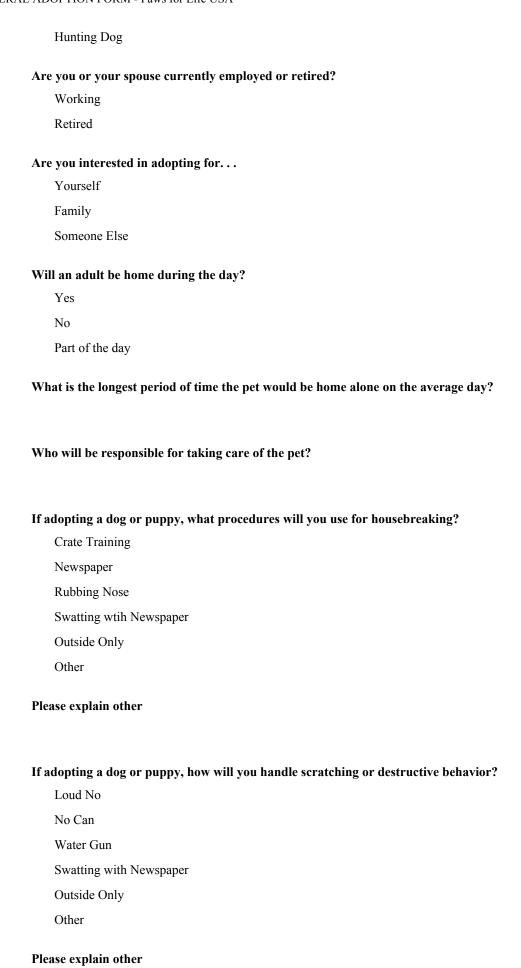
| GENERAL ADOPTION FORM Home / GENERAL ADOPTION FORM | |
|--|--|
| | |
| Adoption Questions | |
| Pet's Name | |
| Your Drivers License Number | |

| Pet's ID# |
|---|
| Date of Birth |
| Todays Date |
| Your Name |
| Current Address |
| City, State, Zip |
| Home Phone |
| Work Cell Phone |
| Email |
| How long have you lived at the address above? |
| Do you Own or Rent? |
| Own |
| Rent |
| Do you live in a |
| House |
| Apartment |
| Condo |
| Mobile Home |
| Duplex |

Townhouse

| If you lease does your lease allow pets? |
|---|
| Yes |
| No |
| N/A |
| Is there a pet deposit? |
| Yes |
| No |
| Option 3 |
| If there is a pet deposit-how much? And is it already paid? |
| If you lease- What is the name of your Complex and or Landlord |
| How many people live in the household? |
| Do you have a roomate? |
| Do all members of the household know you are planning to adopt a pet? Yes No |
| What are the ages of any Children Grandchildren in the household or that come to the house? |
| Are you 18 years of age or older? |
| Yes |
| No |
| Do you live with you parents of other relatives? |
| Reason for adopting this Pet? |
| Child's Pet |
| Family Pet |
| Companion |
| Watch Dog |
| Guard dog for Business |
| Breeding |



| If adopting a dog or puppy, what plans do you have for basic obedience training? |
|--|
| Videos |
| Classes |
| Books |
| In home lessons |
| None |
| Other |
| Please explain other |
| How many cats and/or dogs have you owned in the past five years? |
| Please Note: Breed / Age / Spayed-Neutered / How Long Owned |
| |
| |
| |
| |
| |
| Do you presently have pet insurance? |
| Yes |
| No |
| Are your pets micro chipped? |
| Yes |
| No |
| If they are micro chipped- with whom? |
| If you no longer have some or all of these animals, what happened to them? |
| |
| |

Have you ever turned in an animal to an animal shelter?

| Please explain other |
|---|
| |
| If you currently own a dog, is it on heartworm preventative? |
| Yes |
| No |
| |
| If yes, what brand? |
| |
| Do you currently have a Vet? If so, what is the name of your Veterinarian Veterinarian Clinic? |
| |
| |
| May we contact Vet? |
| Yes |
| No |
| Phone Number of Current Vet. |
| |
| Would you object to an authorized representative inspecting the animal and premises where the animal is being kept? |
| Yes |
| No |
| |
| Applicant Acknowledgement- By checking this box you acknowledge all information provided is true and accurate. |
| Yes |
| Date Application completed |
| |
| |
| |
| Verification |
| v et ilication |
| Please enter any two digits * |
| |
| Example: 14 |
| |
| |