



## GENERAL ADOPTION FORM

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### Adoption Questions

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**Pet's Name**

**Your Drivers License Number**

**Pet's ID#**

**Date of Birth**

**Today's 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 roommate?**

**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 18years 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

Hunting Dog

**Are you or your spouse currently employed or retired?**

Working

Retired

**Are you interested in adopting for. . .**

Yourself

Family

Someone Else

**Will an adult be home during the day?**

Yes

No

Part of the day

**What is the longest period of time the pet would be home alone on the average day?**

**Who will be responsible for taking care of the pet?**

**If adopting a dog or puppy, what procedures will you use for housebreaking?**

Crate Training

Newspaper

Rubbing Nose

Swatting with Newspaper

Outside Only

Other

**Please explain other**

**If adopting a dog or puppy, how will you handle scratching or destructive behavior?**

Loud No

No Can

Water Gun

Swatting with Newspaper

Outside Only

Other

**Please explain other**

**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?**

Yes

No

**Where will pet stay during the day?**

**Where will pet stay during the night?**

**Do you have a fenced in yard?**

Yes

No

**If so, how high is it? And what kind?**

**If you do not have a fence, how will the dog get exercise and use the bathroom?**

**For which of the following reasons would you give up your pet?**

Moving

New Baby

Not getting along with children

Not getting along with other pets

Divorce

Getting out of fence

Behavior Issues

Children lost interest

Financial

Aggressive Behaviors

Got too big

Too time consuming

Allergies

Barking

Medical Problems

Would never give up the dog

Other

**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

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**Please enter any two digits \***

Example: 14