PET ADOPTION APPLICATION

| Name | Telephone | |
|---|--|---|
| Address | City | |
| Please check pet you are app | ying for: | |
| Dog | Cat Other | |
| Do you own any other dogs? | How many?Their names? | |
| Do you own any other cats? | How many?Their names? | |
| Who is your veterinarian? | Telephone | |
| Have you previously owned | dog or cat? Which one? | |
| For how long? | What happened to pet? | |
| Are there children in the hou. Who will be responsible for t Will the pet be: inside Do you have a yard? | npanion Guard Breeding Gift e? What are their ages? ne care of this pet? outside both Is it fenced? Apartment? | |
| Do you rent? I | oes your landlord allow pets? | |
| (* PLEASE NOTE * A LET STATING THAT PETS ARI | TER IS REQUIRED FROM YOUR LANDLORD E ALLOWED.) | |
| Are you prepared to provide vaccination? Yes | all necessary medical care, including a mandatory rabies No | |
| Do you agree to obtain a lice | se for your dog which must be renewed annually in June | ? |
| Yes No | | |

| Do you agree to leash walk the dog? Yes No |
|--|
| Do you understand the importance of spaying/neutering your pet? Yes No |
| If you have to move, what will you do with this animal? |
| |
| Are you aware of how difficult it is to locate housing that will accept pets? YesNo |
| Will you have sufficient time for training, exercising, grooming, and playing? |
| Yes No Explain |
| 105 110 Explain |
| |
| * **YOU WILL BE CONTACTED IF YOU ARE APPROVED FOR ADOPTION!*** |
| |
| If I am approved for adoption, I agree to provide food, water, and shelter for this pet, exercise and tender loving care all the days of its life. |
| Signature Date |
| |
| (Office use only) |
| |
| Approved for adoption? Yes No |
| Reason for non-approval |
| Reviewed by |
| Reviewer's comments |
| |
| |
| |
| *** PET'S IMPOUNDING NUMBER |