

ADOPTION APPLICATION

Date \_\_\_\_\_ Pet you'd like to adopt \_\_\_\_\_

Name \_\_\_\_\_

Names of other adults living in the household \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Do you own your home? Yes No

Do you rent? Yes No

Do you have landlord's permission to have pets? Yes No

Landlords Name & phone number: \_\_\_\_\_

Verified by: (Staff Member) \_\_\_\_\_

Description and type of fencing: \_\_\_\_\_

Percentage of time animal will be outside: \_\_\_\_\_

Please list the Pets currently residing in your home:

Name	Dog or Cat	Neutered	Current Rabies	Current City Tag
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1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

What Veterinary Clinic do you use? \_\_\_\_\_

Staff use: Approved

Denied- Reason: \_\_\_\_\_

Initial \_\_\_\_\_