

ADOPTION APPLICATION

Date _____ Pet you'd like to adopt _____

Name _____

Names of other adults living in the household _____

Address _____

Phone _____ Alternate Phone _____

Email _____

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 _____