



## ADOPTION APPLICATION

<b>Name:</b>				<b>Date:</b>	
<b>Address:</b>		<b>City:</b>		<b>St:</b>	<b>Zip:</b>
<b>Home #:</b>		<b>Work #:</b>		<b>Cell #:</b>	
<b>Email:</b>			<b>Driver's License #</b>		<b>State Issued</b>
<b>Are you a US resident?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If No, explain:					
<input type="checkbox"/> Employed-Full Time <input type="checkbox"/> Employed-Part Time <input type="checkbox"/> Retired <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/> Other			Employer:		
<b>List the Members of Your Household</b>		<b>Age(s)</b>	<b>Do They Agree with Getting These Pet(s)?</b>		
<b>Type of home</b> <input type="checkbox"/> Condo <input type="checkbox"/> Townhouse <input type="checkbox"/> Apartment <input type="checkbox"/> Single Family <input type="checkbox"/> Mobile Home <b>Do you own or rent?</b> <input type="checkbox"/> Own <input type="checkbox"/> Rent					
If Rent, please answer the following: Does the owner permit the type, number and size of pets you will have? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you or will you pay any and all applicable pet deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No			Landlord/Rental Company name and Phone Number:		
<b>List all of your current pets and past pets that you've had in the last ten (10) years</b>					
Type of Pet	Spayed or Neutered?	Indoor? Outdoor? Both?	Living? Deceased?	If living, current on vaccines?	If deceased, list cause of death
List the name and phone number of your veterinarian			May we contact him/her for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
List the name and phone number of two individuals for pet references:					
(1)			(2)		
What type of pet are you interested in adopting? <input type="checkbox"/> Cat <input type="checkbox"/> Dog					
Name of the pet(s) you would like to adopt?					
How long have you been thinking about getting a pet?					

