

This application is intended to be a guide to help you think about all of the ways that a new cat or dog will impact your life. All of the questions concern various aspects of pet ownership that should be given serious consideration before deciding to share your life with any dog or cat.

# ADOPTION APPLICATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Phone Number \_\_\_\_\_  
(home) (work) (cell)

E-mail Address \_\_\_\_\_

Number of adults in your household \_\_\_\_\_

Children: # \_\_\_\_\_ What are their ages? \_\_\_\_\_

Employers: \_\_\_\_\_

## YOUR HOME

Do you rent or own? \_\_\_\_\_

Does your lease/homeowners association restrict ownership of pets?  Yes  No

Is your yard fenced?  Yes  No Type of fence \_\_\_\_\_

Does anyone in the home smoke?  Yes  No

## REFERENCES

Please provide the names and telephone numbers of three references. INCLUDE your VETERINARIAN and LANDLORD (if applicable). Other references could include a friend, neighbor, employer, relative, etc.

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE #</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**CARE AND RESPONSIBILITY**

Are you prepared to make a commitment to care for this dog/cat for the next 10-15 (in the case of a dog) or 18-20 (in the case of a cat) years?  Yes  No  Don't know

Are you prepared to commit to find a home where you can keep this dog/cat if/when you move during the next 10-20 years?  Yes  No  Don't know

Are you financially prepared to deal with the cost of both routine (vaccinations, annual examination, dental cleanings, heartworm preventative, etc.) and non-routine/emergency veterinary care of this dog/cat?  Yes  No  Don't know

Approximately how many hours a day will your dog/cat be alone?  1-3 hrs.  4-6 hrs.  8 or more

Where will your dog/cat sleep at night? \_\_\_\_\_

Where will the dog/cat spend most of the day? \_\_\_\_\_

Who will have primary responsibility for the care of the dog/cat? \_\_\_\_\_

If you are considering adopting a cat, do you intend to declaw him/her?  Yes  No  Unsure If yes, why? \_\_\_\_\_

How many days are you willing to spend adjusting to and helping the new pet adjust to your home and lifestyle? \_\_\_\_\_

Under what circumstances would you not keep the pet if behavioral issues develop?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you willing to contact an animal behaviorist or trainer, if necessary? \_\_\_\_\_

**HISTORY OF PET OWNERSHIP**

What animals currently live in your household? (Please list type of animal, sex, age and how long you have owned them)

TYPE & name	Age	Sex	Spayed/neutered	Owned how long
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are these pets housed inside or outside? (please explain) \_\_\_\_\_

\_\_\_\_\_

What pets have you had in the past 5 years? (Please list type of animal, how long owned and what happened to the pet.)

TYPE	Owned how long	What happened to pet

Which pet would you like to adopt and why? \_\_\_\_\_

All the information that I have provided above is true and complete to the best of my knowledge. Should a dog or cat be placed with me, it will reside in my home as a pet. I agree to provide the dog/cat with adequate food, water, shelter, affection and medical care.

How would you like us to contact you? \_\_\_\_ via e-mail \_\_\_\_ call during the day \_\_\_\_ call during the evening

How did you find the pet you are interested in adopting? \_\_\_\_ internet \_\_\_\_ adoption event \_\_\_\_ Mingle \_\_\_\_ posted flyer \_\_\_\_ PetSmart referral from: \_\_\_\_\_  
\_\_\_\_ other

Signature of Applicant: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Thank you for taking the time to complete this application. We will be in touch within 48 hours.