



Adoption Application Continued

Under which circumstances would you have to return the pet to us?

Are you willing and able to take responsibility if this pet becomes ill? Yes No

Are you willing and able to pay the veterinary costs of caring for your new pet? Yes No

Are you willing to take the time to work with a pet on housebreaking or chewing if the need arises?
 Yes No

If behavioral problems arise, what steps will you take to work on it?

DOG: Would you consider obedience training for your new dog? Yes No

DOG: Do you have a fenced yard? Yes No
If yes, what type and height?

DOG: If you do not have a fence, are you willing to install a run, or leash walk at all times?
 Yes No

How much time are you prepared to allow for your new pet to adjust to your home?

Number of people in household: _____ If children are in household, please list ages: _____

Are you presently: Employed Unemployed Retired Student

Employer or School Information

Name: _____ Address: _____

Telephone number: _____ Hours of work/school: _____

Co-Applicant's Employer or School: _____ Address: _____

Telephone number: _____ Hours of work/school: _____

Current/Past Pet Information

Have you had pets in the last 5 years: Yes No If yes, complete the following chart:

Type of Pet	Years Owned	Spayed/Neutered	Current on Vaccinations/Heartworm?	Inside/Outside	Where is Pet Now
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	

Would your current pets accept a new member of the household? Yes No

Explain how you will introduce the new member to your current pets:

Current or past Veterinarian and Clinic: _____ Telephone: _____

Pets are worth saving!

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