



Central Veterinary Hospital Adoption Application

Animal to be adopted: _____

Name: _____ Spouse: _____

Address: _____ City: _____ State: ___ Zip: _____

Home Phone: _____ Work Phone: _____

Employer: _____ Spouse's Employer: _____

Are you at least 18 years of age? _____

Do you have children? ___ If yes, how many are five years or younger? _____

Do rent or own your home? _____ Do you live in an: Apt _____ House _____

Condo _____ Duplex _____ Mobile Home _____ Dorm _____

If renting, what is the landlord's name? _____

May we contact them about their policy on pets? ___ Phone: _____

Will anyone be home during the day to care for your pet? ___ Who? _____

If you go on vacation, what will you do with your pet? _____

Is this going to be an inside/outside pet? _____

The pet will spend most of its time: inside _____ outside _____

Where do you plan for your pet to sleep? _____

Does anyone in your home have allergies to animals? _____

If you are considering a dog, do you have a yard? ___ Is it fenced? _____

If your yard is not fenced, what type of confinement do you plan to provide for your dog? _____

Are you aware of the cost involved in maintaining a pet? (\$500.00 per year per pet) _____ Do you feel you can afford the cost of maintaining this pet for his/her lifetime? (Estimated between 12 to 15 years) _____

Have you ever adopted a pet from our clinic or another agency? _____

If yes, whom? _____ When? _____ What kind of animal? _____

What type of animal are you looking for? House pet ___ Mouser ___ Gift ___

Guard dog ___ Hunting dog ___ Barn cat ___ Companion _____

Do you currently own any pets? ____ If yes, please list them below:

- | | <u>Type of animal</u> | <u>male/female</u> | <u>spayed/neutered</u> | <u>inside/outside</u> |
|----|-----------------------|--------------------|------------------------|-----------------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ |

How do you feel about a pet being spayed/neutered? _____

Have you ever taken an animal to a shelter? ____ If yes, where? _____

Why? _____

Are you familiar with this state's laws on vaccinations and licensing? _____

Are all of your current pets (if any) vaccinated? ____ At what facility were the vaccinations given? _____ Phone _____

Are all of your pets spayed/neutered? ____ At what facility was the surgery performed? _____ Phone _____

Do any of your pets have a contagious illness? (ie: Parvo, FELV, FIV, etc) ____

What is the name of the veterinarian/clinic that treats your pet(s)? _____
Phone _____

If you have any personal references you would like us to call, please list them:

Please provide any additional information: _____

By signing below, I certify that the information provided I have given is correct to the best of my knowledge. I authorize Central Veterinary hospital to investigate all of the statements in this application, as it deems necessary. I would be willing to have a representative come to my home to check on my adopted pet's well being. Further, I understand that this application is property of Central Veterinary Hospital and that Central Veterinary Hospital has the right to accept or deny this application, as it deems appropriate, and that any misrepresentation of facts could result in my loss of pet adoption privileges.

Signature: _____ Date: _____