

To help ensure the best placement of our animals, and to determine that the proposed adoption is in the best interest of the animal, you and your family need to complete each of the following questions. Please be as thorough as possible. PetsConnect! reserves the right to approve or deny applications for adoption.

What type of animal you are looking to adopt?  Dog  Cat Name of animal: \_\_\_\_\_

### **Section 1: Your Information**

Name: \_\_\_\_\_ Home Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Number: \_\_\_\_\_

### **Section 2: Co-Applicant Information**

Co-Applicant Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email address: \_\_\_\_\_

How is the co-applicant related to you?  Spouse  Roommate  Other \_\_\_\_\_

### **Section 3: Two Personal References, one needs to be a relative:**

Name	Relationship to you	Years Known	Phone Number

### **Section 4: Household Information**

Do you own or rent your home?  Own  Rent  Live with parents  Other \_\_\_\_\_

How many years have you lived here?  less than 1 yr  2-3yrs  4-5yrs  6yrs or more

If you rent, landlord or community manager's name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Are there restrictions such as weight, type, or number?  Yes  No

Names & ages of adults in your home: \_\_\_\_\_

Names & ages of children in your home: \_\_\_\_\_

Are all members of your household aware that you are applying to adopt this animal?  Yes  No

Does anyone in your household have asthma or an allergy to pets?  Yes  No *If yes, describe* \_\_\_\_\_

Do you have a fenced yard?  Yes  No *If yes, what type?* \_\_\_\_\_

### **Section 5: Pet History**

Have you ever turned a pet in to an Animal Shelter?  Yes  No *If yes, when?* \_\_\_\_\_

*What was the reason?* \_\_\_\_\_

Have you owned/cared for pets in the past?  Yes  No *If yes, please describe your experience:* \_\_\_\_\_

Do you currently own other pets?  Yes  No ***If no, please proceed to Section 6 "Future Pet Information"***

Total number of pets in your household \_\_\_\_\_ Are they current on their vaccinations?  Yes  No

Are your dogs on heartworm preventative?  Yes  No Do your cats go outside?  Yes  No

Are your cats declawed?  Yes  No Are your pets on flea preventative?  Yes  No

Do your pets have any major health or behavioral issues?  Yes  No *If yes, please describe:* \_\_\_\_\_

Are your pets licensed?  Yes  No *If no, why not?* \_\_\_\_\_

**Please provide the following information about the animals in your household in the last 5 years:**

Species	Name of Animal	Breed of Animal	Age	Male / Female	Spayed/ Neutered?	Declawed?	Owned how long?

### **Section 6: Future Pet Information**

Why do you want to adopt this particular animal? \_\_\_\_\_

How many hours will this animal be alone during the day?  3 or less  3-5  5-8  8 or more

Where will the animal be during the day? \_\_\_\_\_

Where will the animal sleep at night? \_\_\_\_\_

If the animal is a dog, do you plan to use a tie-out?  Yes  No *If yes, please explain:* \_\_\_\_\_

If the animal is a dog, do you intend to crate-train?  Yes  No

How do you plan to housebreak this animal? \_\_\_\_\_

How do you intend to correct or discipline this animal? \_\_\_\_\_

What types of activities do you plan to participate in with this pet for exercise needs? \_\_\_\_\_

### **Section 7: Vet Information**

Please provide the following information about the veterinarian(s) your pets currently see or have seen in the past:

Name	Address	Phone

If you plan on using a different veterinarian than listed above for your new pet, please provide the following information:

Name	Address	Phone

### **Section 8: Miscellaneous**

Are you prepared to take on the financial burden of a new pet for routine annual care (i.e. medical, food, heartworm prevention, etc.)?







Yes  No *If yes, how much do you anticipate on spending on your new pet a year? \$* \_\_\_\_\_

Do you currently have an adoption application pending with another shelter/rescue?  Yes  No

Do you object to having a *PetsConnect!* volunteer visit your home?  Yes  No

### **Section 9: Signature**

By my signature below:

-  I certify that the above information is true and I understand that false information may result in nullifying this adoption.
-  I understand that you will contact my veterinarian for the vaccination and health history of the pets I currently own or have owned in the past.
-  I am aware that prior to adopting an animal from *PetsConnect!* my currently owned pets must be up-to-date on their vaccinations, heartworm prevention and spayed or neutered.
-  I understand that this application is the property of *PetsConnect!* and will be retained by them even if I am denied this adoption.
-  I acknowledge that I understand and agree to abide by the adoption requirements, including the **no-refund policy** should the placement fail.
-  I acknowledge that my email will be added to the *PetsConnect* e-newsletter and that I can easily unsubscribe at any time.

**Applicant's signature** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**For office use only:**

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1<sup>st</sup> Interviewer's Initials:

2<sup>nd</sup> Interviewer's Initials