

## Save a Stray

## Adoption Application

Date:	
Name of pet you are interested in adopting:	
Applicant Name:	
Street Address:	
e-mail:	
City:	
State: Zip:	
Cell phone:	
Home phone:	
Work phone:	
Place of Employment:	
Are you at least 21 years of age? Yes No	
Do you own or rent your home? Own Rent	
Is it a house, apartment, condo?	
If you rent, is there a pet policy and deposit? Yes N	lo
If you have lived at this address less than 2 years, please	e list previous addres
Street Address:	
City	
State Zip	
Do you have a fenced yard? Yes No	
How tall? Type of fencing?	
How many people live in your household?	
Ages of children?	

What made you decide to adopt a pet?

What sparked your interest in this particular pet?
Is this your first experience with a dog or cat? Yes No
How long since you had a puppy/kitten?
What activities do plan to engage in with your pet?
Where will your pet be kept during the day?
At night?
Have you considered and prepared for the financial need of your pet (monthly heartworm and flea prevention, food, vet visits)? Yes No
How much do expect this to be?
How many pets do you currently have?
Are they spayed or neutered?
Are your pets on heartworm and flea prevention?
Please list the prevention used?
Who is your veterinarian?
Veterinarian phone number

## Please list all <u>current</u> pets:

1) Name:	Breed:	Age:		
Is it spayed or neutered? Yes No				
Where is the pet kept?				
How long have you had this pet?				
2) Name:	Breed:	Age:		
Is it spayed or neutered? Y	es No			
Where is the pet kept?				
How long have you had this pet?				
3) Name:	Breed:	Age:		
Is it spayed or neutered? Yes No				
Where is the pet kept?				
How long have you had thi	is pet?			

## Please list pets you have owned in the past:

1) Name: Bre	eed:
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Is it spayed or neutered? Yes No

What happened to this pet?

How old was pet when it left you/passed away? \_\_\_\_\_\_

How long did you own this pet?\_\_\_\_\_

2) Name: Bre	ed:			
Is it spayed or neutered? Yes No				
What happened to this pet?				
How old was pet when it left y	ou/passed away?			
How long did you own this pet?				
3) Name: Bre	ed:			
Is it spayed or neutered? Yes No				
What happened to this pet?				
How old was pet when it left y	ou/passed away?			
How long did you own this pet?				

I declare the above information is true to the best of my knowledge.

Applicant signature

Date