

PETSinc



ADOPTION APPLICATION

Must be 21-years-old to adopt

Date		Time		I'm looking for...		
Name			Date of Birth		Puppy	
					Kitten	
					Dog	
					Cat	
Street Address			Unit/Apt.#		Additional Notes	
City, State		Zip Code	County			
Home Phone		Cell Phone	Work Phone			
Email						
Do you rent?	Please explain any Landlord/Management/HOA pet restrictions:					
Yes	No					
Employer						
# of adults in household		# of children in household		Have you ever owned a pet?		

Please list ALL PAST AND CURRENT pets below. Use the back if you need more space.

Pet's Name	Breed (Cat/Dog/Other)	How long did you have the animal?	Outcome (died/living/given away/other) – Please provide outcome details.	Was animal spayed/neutered? (yes/no)

How did you hear about PETSinc?

Why are you adopting an animal today?

Name of your veterinarian (doctor or company). **If you do not currently have a veterinarian, where would you take your animal in case of emergency?**

TURN OVER, FILL OUT SECOND PAGE

Where will the animal spend most of its time when you **are not** home?

Where will the animal spend most of its time when you **are** home?

Would you spay/neuter ("alter/fix") your animal?	Yes	No	If NO, explain why
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Would you like to make an additional donation to help the shelter animals?	Yes	No	If YES, please indicate amount to be added to your receipt: \$ _____
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I have read the questions above. I certify my information is complete and true, and I understand any false information may void this application. I authorize PETSinc to verify the information provided. I also understand that PETSinc reserves the right to deny my application.

Print Name	Signature
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<p>I would like more information on:</p> <p>Dogs:</p> <ul style="list-style-type: none"> <input type="radio"/> Adjustment to new home <input type="radio"/> Introduction to other pets <input type="radio"/> Crate training <input type="radio"/> Housebreaking <input type="radio"/> Exercise <input type="radio"/> Socialization with children <input type="radio"/> Behavior (mouthing/food aggression) 	<p>Cats:</p> <ul style="list-style-type: none"> <input type="radio"/> Adjustment to new home <input type="radio"/> Introduction to other pets <input type="radio"/> Litter box training/issues <input type="radio"/> Scratching and nail maintenance <input type="radio"/> Keeping cats indoors <input type="radio"/> Socialization with children
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FOR OFFICE USE ONLY

Notes:

Check for PetPoint DNA	Initials/ date	Application Approved	Initials/ date
Applicant called/emailed	Initials/ date	Application Denied	Initials/ date