



**Animal Chosen:** 1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

**General Information:**

\_\_\_\_\_  
 First Name      Middle Initial      Last Name      Home Phone

\_\_\_\_\_  
 Street Address      Cell Phone

\_\_\_\_\_  
 City, State      ZIP      Work Phone

\_\_\_\_\_  
 E-mail      Birth Date (00/00/00)      Occupation

\_\_\_\_\_  
 Employer Name      Employer Address

**Property Information:**

House  Duplex  Apartment  Condo  Mobile Home  I own  I rent  I live with a parent or guardian

If you rent, name of landlord/condominium manager: \_\_\_\_\_

Landlord phone: \_\_\_\_\_ Landlord E-mail: \_\_\_\_\_

Spouse/Roommate/Partner's name (if applicable): \_\_\_\_\_

Names and ages of children (if applicable): \_\_\_\_\_

Who is the pet for?  Myself  My family  Relative  Friend      Pet will be kept:  Indoors  Outdoors  Both indoors and outdoors

**Pet Information:** Have you ever had a companion animal before?  Yes  No

Please list current and other pets you have owned in the past five years.

Type of Animal	Pet's Name	M/F	Spay/Neuter	Age	Still have?	If no, why not?
_____	_____	M/F	<input type="checkbox"/> Y <input type="checkbox"/> N	__	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	M/F	<input type="checkbox"/> Y <input type="checkbox"/> N	__	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	M/F	<input type="checkbox"/> Y <input type="checkbox"/> N	__	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	M/F	<input type="checkbox"/> Y <input type="checkbox"/> N	__	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	M/F	<input type="checkbox"/> Y <input type="checkbox"/> N	__	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

Please list your current veterinarian and any veterinarians you have used in the past. We will contact the veterinarian to verify your current pets are up to date on shots, this is a requirement for new pet adoptions:

Veterinarian Name(s): \_\_\_\_\_ Vet Clinic Name(s): \_\_\_\_\_

Current Veterinarian Phone: \_\_\_\_\_ and/or E-mail: \_\_\_\_\_

