

DOG ADOPTION APPLICATION



www.saveoursouls.com

PET`s NAME: _____ Today`s Date: _____

Name: _____ Are you over 21year of age? _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ Email: _____

Annual Income: _____ Occupation: _____

Have you ever adopted a pet before? No _____ Yes _____

If yes, do you still have this pet? _____

If no, what happened to the pet? _____

Are you adopting a dog for:

Yourself _____ **Family** _____ **Relative** _____ **Children** _____

Do all members of you household want a new pet? **YES** _____ **NO** _____

List any additional people your new dog will be living with (specify age of any children)

NAME _____ **Age** _____ **Relationship** _____

NAME _____ **Age** _____ **Relationship** _____

What will happen to this dog if you move? _____

Any members of your household allergic to Dogs: _____

Do you own your residence? Yes _____ No _____

With my signature below, I signify I understand that:

- **I am 21 years of age or older**
- **I will provide food, shelter, medical care, love and affection for the lifetime of this animal, which could be as long as 20 year or more.**
- **I agree to take this animal to a Veterinarian for exams and vaccines at least once yearly and as needed, and to provide vet care, at my own expense, should this animal become ill or injured.**
- **I am stating that the above information is true.**
- **By signing below, I authorize agents of SOS directory to contact my previous veterinarians to receive medical records for my pets.**

Applicant Signature _____ Date _____

The owner reserves the right to refuse any applicant at any point during the adoption process