



PET ADOPTION FORM

Thank you for choosing to adopt here at our shelter!
Please complete the form below so we can ensure a good match between you and your new pet.

Adopter's Personal Information		
Full Name:		
Age:	Date of Birth:	Gender:
Email Address:		Phone Number:
Address		
Street:		
City:	State/Province:	Postal Code:
Pet Preferences		
Type of Pet Interested In: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____	Preferred Breed (if any):	
Age Preference: <input type="checkbox"/> Puppy/Kitten <input type="checkbox"/> Young <input type="checkbox"/> Adult <input type="checkbox"/> Senior <input type="checkbox"/> No Preference		
Gender Preference: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No Preference		
Household Information		
Type of Residence: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Other: _____		
Do you own or rent your home?: <input type="checkbox"/> Own <input type="checkbox"/> Rent		
If renting, do you have landlord's permission to have pets?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Landlord's Name:	Landlord's Contact Info:
No. of Adults in Household:	No. of Children in Household:	Ages of Children:
Pet Care Experience		
Pet Care Experience Have you owned a pet before?: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you currently have pets?: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list current pets:	
Are your current pets vaccinated and spayed/neutered?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of your current veterinarian:	Contact Info of your current veterinarian:
Lifestyle and Commitment		
How many hours per day will the pet be left alone?:		
Where will the pet be kept during the day?:		Where will the pet sleep at night?:
Do you have a fenced yard?: <input type="checkbox"/> Yes <input type="checkbox"/> No	If the pet will be kept outside, what kind of shelter will be provided?:	
Adoption and Care Plan		
Why do you want to adopt a pet?:		
Who will be the primary caregiver for the pet?		
What activities do you plan to do with your pet?:		
References		
Reference 1 Name:	Reference 1 Relationship:	Reference 1 Contact Info:
Reference 2 Name:	Reference 2 Relationship:	Reference 2 Contact Info:

Agreement By signing this form, I confirm that the information provided is accurate and complete. I understand that providing false information may result in the denial of this adoption or the return of the adopted pet.

Adopter Signature over Printed Name / Date