



PERPETUAL CARE ADOPTION APPLICATION

- Criteria:
1. Must be 18 years of age or older
 2. Present Identification showing your present address
 3. Be willing to establish with a Veterinarian and pay costs of pet care
 4. Must make a commitment to this pet for ITS LIFETIME

Note: Completion of this application does not guarantee adoption of this pet.

Name of Applicant: _____ Phone#: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Email Address: _____

Name of animal you are applying to adopt: _____
Have you had pets before? _____ Yes _____ No
Is so, how many? _____ in the past _____ years.
What kind of pets? _____
Do you currently have any pets? _____ Yes _____ No
If yes, how many _____ and what kind? _____

What happened to the pets you no longer have? _____

Have your current pets been spayed or neutered? _____ Yes _____ No _____
Why do you want this animal? _____ Companion _____ Companion for other pet(s)
_____ Barn Cat/Mouser _____ Watch Dog _____ Guard Dog _____ Hunting
_____ Other; Describe: _____

How many adults are in your family? _____ How many children? _____
Children's ages: _____

Does any member of your household have an allergy to animals? _____ Yes _____ No

Is someone home during the day? _____ Who? _____

How many hours will the animal be alone per day? _____

Explain where pet will be left when alone: _____

Which do you live in? _____ House _____ Apartment _____ Condo _____ Mobile Home
_____ Other: _____

If house, do you own or rent? _____ Own _____ Rent

If you rent, may we contact the owner to obtain permission for this animal to live in your house?
_____ Yes _____ No

Owner's Name and Phone#: _____

If you currently have pets, who is your Veterinarian? _____
City: _____ Phone #: _____

Will you keep the animal up to date on vaccinations? _____
If you go away on vacation, who will take care of this animal? _____
If you must move, will you make sure you can take the animal with you? _____

For Dogs Only:

Do you have a completely fenced yard? _____ Yes _____ No If yes, Height: _____

What kind of fence is it? _____

If no fenced yard, where with this dog be kept during the day and during the night? _____

If no fenced yard, how will this dog be exercised? _____

For Cats Only:

Will this cat be an indoor only cat? _____ Yes _____ No _____

If "No", please tell us when the cat will be outdoors _____

For All Applicants:

Please list 2 references who are not family members and who know your home environment:

Name: _____ Relationship: _____
Phone # _____

Name: _____ Relationship: _____
Phone # _____

Other comments by Applicant: _____

I hereby attest that the information provided above is accurate and truthful:

Applicant's Signature

Date

Applicant's Signature

Date