



Adoption Application

(Please PRINT clearly)

Full Name (*Last name, First name*): _____

Address: _____ City/State: _____ Zip: _____

Email: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Age: _____ Date of Birth: _____

OFFICE USE - Animal Name: _____ Tag #: _____

VETERINARIAN CONTACT INFORMATION:

Name: _____

Phone: _____ Fax: _____

Address: _____

Street 1: _____

Street 2: _____

City: _____ State: _____ Zip: _____

Is this pet for you? ☐ Yes ☐ No

Are you at least 18 years old? ☐ Yes ☐ No

Have you ever owned this type of pet? ☐ Yes ☐ No

Are you a student? ☐ Yes ☐ No

What, if anything, would cause you to remove this pet, or relinquish it to a shelter? _____

Do you own or rent your residence? ☐ Own ☐ Rent Do you live in a single-family dwelling? ☐ Yes ☐ No

How long do you plan to stay at your current address? _____

If you rent your home, do you have permission to have this type of pet from your landlord? ☐ Yes ☐ No

(Please provide copy of lease)

Landlord's Name: _____

Landlord's Phone #: _____ Type of residence? _____

Do you have a yard? ☐ Yes ☐ No

If so, is it a fenced in yard? ☐ Yes ☐ No

List the names and ages of anyone under the age of eighteen who lives with you and their relationship to you:

Where do you plan to keep your pet during the day? _____

Where will your pet stay at night? _____

What will you feed your pet? _____

How much money do you plan to spend on this pet annually? Please consider food, entertainment, training, wellness and vacation plans: _____

Will this be the only pet in your home? _____

List any other pets you have: _____

List any pets who have lived in your home in the last 5 years:

Animal Name: _____ Type: _____

Length of Ownership? _____ Still living with you? ☐ Yes ☐ No If No, Why? _____

Animal Name: _____ Type: _____

Length of Ownership? _____ Still living with you? ☐ Yes ☐ No If No, Why? _____

Animal Name: _____ Type: _____

Length of Ownership? _____ Still living with you? ☐ Yes ☐ No If No, Why? _____

Do you agree to have this pet sterilized? ☐ Yes ☐ No

Do you agree to take this animal to our clinic, or to your own veterinarian, for routine examinations, vaccinations, if he/she should require specialized care or treatment, illness or disease? ☐ Yes ☐ No

What purpose will this pet serve? ☐ Personal Companion ☐ Guard Dog, Home/Business ☐ Children's Playmate
☐ Gift for Another Person ☐ Playmate for Another Pet ☐ Mouser ☐ Other

Additional donation to cover the cost of caring for the animals: \$ _____

I verify that I have read the instructions and application requirements:

Print Name: _____

Signature: _____ Date: _____

We cannot place a hold on any adoptable animal except where we require a meeting between the animal and your family or resident pets. In this case the animal will be held for no more than four hours. You may also ask about sponsoring a pet or fostering pets (separate application) or other ways to help Saved Me Inc. Please allow 2-5 days if your adopted pet must stay to be spayed. We will contact you when your pet ready to come home. Failure to keep inoculation appointments will result in a charge to you for repeating them. We cannot return your application to you.

FOR OFFICE USE ONLY:

Application Received By: _____ Date: _____

Application References Checked By: _____ Date: _____

Client Notified By: _____ Date: _____