



PET NETWORK

Animal Friends

ADOPTION APPLICATION

Date Received: _____

Received By: _____

Approved: Yes No

The following information is requested so that your adoption counselor can assist you in the selection of a new pet. The animal's welfare is our foremost consideration. The consultation process is designed to help us determine if the adoption is in the pet's best interest, and to assist you in finding a companion animal most compatible with your lifestyle.

The companion animals available for adoption came to us from a variety of places. Even though all pets that leave our center have had health checks, there is always a chance that one is incubating a disease without showing any clinical signs. Therefore, we recommend that you take your new family addition to a veterinarian for a health check within the first two weeks of the adoption.

IN ORDER TO BE CONSIDERED AS AN ADOPTER, YOU MUST:

- ❖ Be 18 years of age or older
- ❖ Have identification showing your present address
- ❖ Have the knowledge and consent of your landlord, if applicable.
- ❖ Be able and willing to spend the **time** and money necessary to provide training, medical treatment, and proper care for a pet. The approximate annual cost of caring for a healthy cat is \$1000 and for a healthy dog is \$1,100.

ADOPTION FEE IS NON-REFUNDABLE/TRANSFERABLE

ANIMAL APPLYING FOR _____

NAME _____ DATE _____

MAILING ADDRESS _____

PHYSICAL ADDRESS _____

CITY _____ STATE _____ ZIP _____

DOB _____ (Please provide staff with your Driver's License)

WINTER/SUMMER HOME ADDRESS (Please circle) _____

HOME PHONE _____ WORK PHONE _____

EMERGENCY CONTACT (For microchip registration) _____

E-MAIL ADDRESS _____

A \$25 annual membership to Pet Network Animal Friends is tax deductible and fees go directly into a rescue/adoption fund. Would you like to become a member at this time?

- Yes No

***Please fill out the following questionnaire.
Upon completion, it will be reviewed by one of our adoption counselors.***

1. What kind of pet are you here to adopt?
 Dog Cat Puppy Kitten

2. Why do you want a pet?

3. Is this your first experience with a pet? Yes No

RESIDENTIAL INFORMATION:

4. I live in a house apartment condo other

5. I own rent

6. If you rent, are there restrictions on your lease regarding pets such as: weight, type, number of pets or is a special deposit required? Yes No

7. If you rent, what is your landlord's name? (We may require a copy of your lease)

Name _____ Phone number _____

8. Do all the adults in the household know that you plan to adopt? Yes No

Please list their names & phone numbers: _____

9. If there are children in the household, what are their ages? _____

10. Do you or does anyone in your household have allergies to animals? Yes No

11. Who will be responsible for the care of this pet? _____

12. Where will this pet be kept during the day? _____

At night? _____

13. How many hours a day will it spend alone? _____

14. Where will it be kept when alone? _____

15. If you move from your current residence, what will you do with your pet?

PET INFORMATION:

16. What other pets if any do you currently have in your household?

____ Number of dogs ____ Number of cats

17. Where do the dogs/or cats reside? ____ Dogs are inside ____ are outside.

____ Cats are inside ____ are outside.

18. How long have you owned your pets? _____

19. What are their ages? _____

20. Pet history: Tell us about the other pets that have been a part of your life.

What were they? _____

How long did you own them? _____

21. Do you currently have a veterinarian? Yes No

What is/was your current/past veterinarian's name? _____

ADOPTION AND ANIMAL CARE:

22. Have you ever surrendered an animal to a shelter? Yes No

If Yes, please tell the circumstances. _____

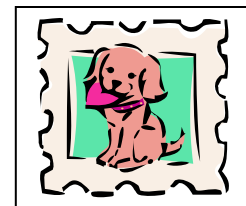
23. Do you need our assistance in helping you and/or your pets adjust to your new shelter pet?

Yes No

If not, how do you plan to accomplish the transition?

DOG ADOPTIONS ONLY:

24. Do you have a fenced yard? Yes No



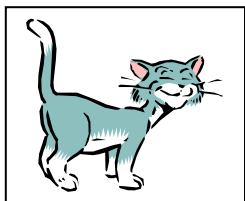
25. Will you exercise your dog? On-leash? Off-leash? Where? How often?

26. How do you plan to take care of your dog's outdoor needs?

27. Many dogs need retraining when leaving a shelter environment
Do you need help in housetraining and/or retraining your new dog or puppy? Yes No

28. What will you do if your dog shows destructive behavior?

29. Since most shelter animals have unknown medical backgrounds, are you prepared to take your new pet for a complete veterinary exam within 2 weeks and to provide regular and necessary medical treatment? Yes No



CAT ADOPTIONS ONLY:

30. Will your cat live? indoors outdoors a little of both.

31. What will you do if your cat claws furniture or shows other destructive behavior?

32. Do you need advice to learn how to train your cat to: stay off the furniture and/or scratching the furniture and/or to prevent eating house plants? To prevent using houseplants as bathroom facilities? Yes No Be specific _____

33. Since most shelter animals have unknown medical backgrounds, are you prepared to take your new pet for a complete veterinary exam within 2 weeks and to provide regular and necessary medical treatment? Yes No

Pet Network Animal Friends reserves the right to refuse adoption to anyone for any reason. No companion animal will be adopted to persons having a history of losing, giving away, selling, or having animals injured or killed. No companion animal will be adopted to prospective owners who mislead or fail to provide accurate information on the adoption application. Pet Network also reserves the right to periodically call and check on the animals. As a condition of adoption you agree to allow Pet Network staff access to your pet for the purpose of a wellness check. Animals found in inappropriate or dangerous conditions will be immediately relinquished to Pet Network staff.

Signature of Applicant: _____

Signature of Caregiver: _____