



SAFE PLACE FOR ANIMALS

www.safeplaceforanimals.com

APPLICATION FOR ADOPTION

Name of Animal _____ ID of Animal _____

Name of Applicant _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____

E-Mail Address _____

LIVING SITUATION

Where do you live? House _____ Farm _____ Apartment _____

Do you rent or own? Own _____ Rent _____

If you rent, has your landlord given you permission to have a pet? Yes ___ No ___

Landlord's Name _____ Landlord's Phone _____

If you have roommates, do they agree to have pets in the home? Yes ___ No ___

How many people live at this address? Adults _____ Children _____

What are the ages of the children? _____

How long have you lived at this address? _____

Do you have a fenced yard? Yes ___ No ___

If yes what type of fence? _____ How High? _____

PETS

Is this your first experience with this type of pet? Yes _____ No _____

List the pets you currently have in your household.

Pet#1

Name _____ Type Dog _____ Cat _____ Other _____

Breed _____ Age of animal _____

Spay/Neuter Yes _____ No _____ Up to date on shots? Yes _____ No _____

Kept Indoors _____ Outdoors _____ Both _____

Pet#2

Name _____ Type Dog _____ Cat _____ Other _____

Breed _____ Age of animal _____

Spay/Neuter Yes _____ No _____ Up to date on shots? Yes _____ No _____

Kept Indoors _____ Outdoors _____ Both _____

Pet#3

Name _____ Type Dog _____ Cat _____ Other _____

Breed _____ Age of animal _____

Spay/Neuter Yes _____ No _____ Up to date on shots? Yes _____ No _____

Kept Indoors _____ Outdoors _____ Both _____

Pet#4

Name _____ Type Dog _____ Cat _____ Other _____

Breed _____ Age of animal _____

Spay/Neuter Yes _____ No _____ Up to date on shots? Yes _____ No _____

Kept Indoors _____ Outdoors _____ Both _____

LIST PETS OWNED IN THE LAST FIVE YEARS (other than those listed above)

Pet#1

Type Dog _____ Cat _____ Other _____

Spay/Neuter Yes _____ No _____ Up to date on shots? Yes _____ No _____

Kept Indoors _____ Outdoors _____ Both _____

Where is the animal now? _____

Pet#2

Type Dog _____ Cat _____ Other _____

Spay/Neuter Yes _____ No _____ Up to date on shots? Yes _____ No _____

Kept Indoors _____ Outdoors _____ Both _____

Where is the animal now? _____

Pet#3

Type Dog _____ Cat _____ Other _____

Spay/Neuter Yes _____ No _____ Up to date on shots? Yes _____ No _____

Kept Indoors _____ Outdoors _____ Both _____

Where is the animal now? _____

Who is your veterinarian _____ How long? _____

Veterinarian address _____ Phone number _____

Under what name, if different, are your records listed? _____

Do any of your current pets have health and/or temperament issues? Yes _____ No _____

If yes please explain _____

SAFETY AND SHELTER

Where will this animal live? Indoors _____ Outdoors _____ Both _____

Where will the animal sleep? _____

How long will the animal be left alone during the day? _____

If adopting a dog, how much time per day will you allow for exercise? _____

How long will the animal be crated, if at all, during the day? _____ Night? _____

If adopting a dog, what will the dog be primarily used for?

House pet _____ Guard dog _____ Watch dog _____ Companion _____ Gift _____

Breeder _____ Companion for other pet _____ Other _____

Are you familiar with the leash and licensing laws in your county? Yes _____ No _____

Are you familiar with heartworm disease? Yes _____ No _____

Is a home inspection acceptable if required? Yes _____ No _____

If no, why? _____

BEHAVIORAL ISSUES

Do you know how to house train an animal? Yes _____ No _____

If adopting a dog, would you consider obedience training if necessary? Yes _____ No _____

If adopting a cat, are you considering de-clawing? Yes _____ No _____

If a behavioral problem should arise (i.e. chewing, barking, digging, scratching) how will you handle it? _____

If a behavioral problem seems irresolvable, do you agree to contact Safe Place for Animals SPA to learn how to address the problem? Yes _____ No _____

PERSONAL REFERENCES

Name _____ Contact number _____

Name _____ Contact number _____

Adopter's signature _____ Date _____

Note: A medical exam at your veterinarian is required within 30 days of receiving your adopted companion. Safe Place for Animals has the right to reclaim the animal if not scene within the 30 days time frame and/or take legal action.

VACCINATION HISTORY

Vaccination/Medication _____ Date given _____