



ADOPTION APPLICATION

Applicant's First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

If this pet is a gift for someone outside of your household, by signing this document, understand that you are responsible for completing the required vaccinations and spay/neuter per the adoption contract. Also, only you can sign the adoption contract if approved.

Yes, I agree

Why do you want to adopt this pet? Companion for child Companion for another dog
 Companion for self Security House pet Working dog/mouse chaser Breeding Other
 If other, please explain: _____

Problems you are willing to work on with the pet: Separation anxiety Mild aggression Barking
 Reaction to other animals Obedience House training Fearfulness
 I am not willing to work on any problems I need more time to decide

Have you previously owned pets? Yes No

List all current animals and previous animals you have had in the last 5 years.

Name	Breed	Sex	Spayed/Neutered?	Current on Vaccinations?	Do you still own it? If not, why?

List all veterinarians you have taken your pets to in the last 5 years and the veterinarian that you plan on using for this pet once the contractual agreements are fulfilled.

Veterinarian: _____ **Phone:** _____

Veterinarian: _____ **Phone:** _____

Veterinarian: _____ **Phone:** _____

If more is needed, please write on back.

Do you grant permission to All for Pets Veterinary Clinic to contact your vet(s)? Yes No

Are there any children in your household or children who visit frequently? Yes No

If yes, what are their ages? _____

Do you have a fence? Yes No

What **percentage** of time will this pet spend: Indoors? _____ Outdoors? _____

When this pet is outdoors, how will he/she be kept? (fence, chain, line, kennel, etc.) _____

In general, how many hours will this pet be left alone during the day? (at work, errands, etc.) _____

Where will this pet be kept while you are out of town? _____

Are you willing to provide your pet with yearly vaccinations at your own expense? Yes No

Also, heartworm prevention? Yes No

Who will be financially responsible for all medical costs? _____

List any characteristics of an animal that would NOT fit with your family or lifestyle.

Have you ever been convicted of neglect or cruelty to animals? Yes No

Please provide two personal references NOT related to you

Name: _____ Phone: _____

Name: _____ Phone: _____

Please include any information you would like for us to consider when reviewing your adoption application for approval.

Which pet(s) are you considering? _____

FALSIFIED INFORMATION WILL LEAD TO AUTOMATIC REJECTION OF THE APPLICATION. ALL FOR PETS VETERINARY CLINIC RESERVES THE RIGHT TO REFUSE ANY APPLICANT.

I understand that it is my responsibility to see and evaluate the dog for myself before agreeing to adoption. The adoption of a lifelong animal friend should not be impulsive, but rather a carefully thought-out decision. I understand that this document is solely an application and does not guarantee an approval for adoption.

Print applicant name: _____

Applicant signature: _____

Date: _____