



MAKING A DIFFERENCE - ONE PAW AT A TIME

Adoption application:

First Name: _____ Last Name: _____

Address: _____

Day Phone: _____ Evening Phone: _____

E-mail: _____

DL# _____ (must show copy)

Do you live in a ___House ___Apartment ___Condo ___ Mobile Home ___Duplex

___Other, explain: _____

Do you rent or own? _____ If you rent, you must provide name AND phone number of your landlord _____

Does your landlord allow pets? _____

Is a pet deposit required? _____ **Upon approval of application, it is required that the pet deposit be paid prior to the pet being released into your care.**

Number of people in your household: Adults: _____ Children: _____

Ages of children: _____

If you do not have children, do any children/grandchildren, etc. visit your home frequently? _____

Anyone living in your household have allergies to? Dogs: _____ Cats: _____ Neither: _____

Anyone living in your household have asthma? Yes: _____ No: _____

Are you willing to let a representative of APAC visit your home by appointment? _____

If no, why not? _____

Who will support this pet financially? Myself: _____ Spouse: _____ Other: _____

If other, explain: _____

Where will you keep this pet? Fenced Yard: _____ Tied outside: _____

Loose outside: _____ Kennel/Run: _____ Garage: _____ Patio/Balcony: _____

Inside home: _____ Other, explain: _____

This pet will be kept? Mostly Inside: _____ Mostly Outside: _____ Totally Inside: _____

Totally outside with shelter: _____ As it prefers: _____

Does your house have: Pool? _____ Doggy Door? _____ Fenced Yard? _____
Fence Type? _____ Height: _____

Where will the pet be kept at night? _____

Where will you keep this pet when you're not home? _____

On average, how many hours a day will the pet be alone? _____

If you do not have a fence, how will you handle this dog's exercise and bathroom duties?

What do you consider valid reasons for giving up a pet? (Mark all that apply)

Moving: _____	Vet Bills: _____	Fleas: _____
Unable to house train: _____	Destructive: _____	Grew too big: _____
Having a Baby: _____	Barking: _____	Digging: _____
Litter Box Problems: _____	Chewing: _____	Too rough w/kids: _____

How long do you expect to keep this pet? _____

If you had to move or lost your job, what would you do with this pet? _____

What qualities are you looking for in a pet that you would like to adopt? (Be specific, active vs. couch potato, etc. so we can help make the best match possible.) _____

Have you had experience with obedience problems? _____

If the pet disobeys, how do you plan to reprimand him/her? _____

Do you have any limitations or concerns as to what you would be willing to do, to help your pet overcome potential behavior issues? _____

Dogs often live in excess of 10 years, while cats can live for 15 years or more. Are you prepared to assume responsibility for this long? _____

Pet Ownership History

Have you ever had to give up a pet? _____ If so, why and to whom? _____

Are all of the pets in your household current on vaccinations? Yes: _____ No: _____

Are all cats in your household tested for Feline Leukemia/FIV? Yes: _____ No: _____

Are all dogs in your household on heartworm prevention? Yes: _____ No: _____

What kind of heartworm prevention do you use? _____

What is the date of last heartworm prevention given? _____

Flea & Tick prevention used in your home? Brand? _____

Have any pets in your household been diagnosed with infectious diseases or conditions?

Heartworms: Yes: _____ No: _____

Distemper: Yes: _____ No: _____

Parvovirus: Yes: _____ No: _____

Please list all pets currently living at your address:

Species	Name	Age	Sex	Years/Month owned	Spay/Neuter Yes/No

List any pets you have owned in the last 5 years that are no longer with you.

Species	Name	Age	Sex	Years/Month owned	Spay/Neuter Yes/No

What happened to the pets that are no longer with you? Please explain:

Species	Name	Age	Reason:

List all Veterinary Clinic's used in the past 5 years:

Vet's Name:
Address:
Phone:

Vet's Name:
Address:
Phone:

Vet's Name:
Address:
Phone:

Please describe the extent of care that you are willing to provide, should your pet have special medical needs now or later in life: _____

Do you currently have a veterinarian? If not, who are you planning to use? _____

When/why was your last vet visit? _____

Release for Veterinary Reference:

I, _____, hereby give permission for any veterinarian providing service to me to release medical information on any/all of my animals to APAC including the pet I'm adopting at this time. This release is for follow-up purposes in the case of existing conditions or simply well check and heartworm prevention status.

Signature: _____

The animals in APAC's foster care are not merchandise. They are living beings entrusted to our care. It is our responsibility to find the best possible homes for them to meet the individual needs of each animal. Therefore, we have the right to approve or deny any adoption as we see fit.

I certify that the above information is true and correct. I understand that false information may result in nullifying this adoption. Should the need arise, I will return the animal to APAC only.

Your signature

Date

Signature of spouse/roommate

Date

Signature of Adoption/Foster Representative