



# Adoption Application

Name of pet(s) you are interested in adopting: \_\_\_\_\_

## Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail Address: \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_

I live: ☐ alone ☐ with a spouse/partner ☐ with parents ☐ with roommates

Do you rent or own? ☐ Rent ☐ Own

If you rent, provide Landlord name, address, and phone: \_\_\_\_\_

Do you have permission from your landlord to get a dog? ☐ Yes ☐ No

Are you aware if a pet deposit or monthly fees (if any) are required? ☐ Yes ☐ No

How much time will your new dog spend outside? \_\_\_\_\_

What is your family's lifestyle like?

☐ Active & on the go ☐ Quite & relaxed ☐ Entertain frequently ☐ Lots of kids in & out ☐ Travel frequently

Do you have children? ☐ Yes ☐ No

If you have children, please list name(s) and age(s):

Name	Age

## About You

Why did you decide to get a dog? \_\_\_\_\_

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What are you looking for in a pet? \_\_\_\_\_

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Who will be responsible for taking care of the dog? \_\_\_\_\_

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How many hours per day will the dog be alone? \_\_\_\_\_

Where will the dog stay when no one is at home? \_\_\_\_\_

When you are home? \_\_\_\_\_

At night? \_\_\_\_\_

How and how often will you exercise/spent time playing with your new dog? \_\_\_\_\_

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Who will care for your dog when you are out of town (vacation, etc.)? \_\_\_\_\_

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Under what condition(s) would you have to give up your dog? \_\_\_\_\_

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## Current Pet and Previous Pet Information

Please provide the following information about your current pets:

Name	Breed	Age	Spayed/Neutered
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

If applicable, please provide the following information about any pets you had in the last five years that are no longer with you:

Pet Name & Type	Reason Pet is No Longer with You

Current Veterinarian Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

# Agreements for Adoption

I am prepared to make a commitment to my new dog for its entire life.

I will keep my dog on a regular routine of internal worm preventative.

I will provide flea/tick control, as needed.

I will work with my vet and agree on a regular schedule for wellness visit, vaccinations, and any other tests we agree are necessary for the health and well-being of my dog.

My dog will be an indoor dog and an important member of my family.

If, for any reason, I am unable or unwilling to keep this dog, I will agree to work with Orchid Springs Animal Hospital to place the dog in a good home.

I am financially able to provide routine and emergency care for this dog for his/her lifetime. This includes but is not limited to food, boarding (if necessary), regular vet care, vaccinations, internal worm and flea/tick preventions.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

*Thank you for your interest in adoption!*