

Date \_\_\_\_\_

# Chase Animal Hospital

## Application for Adoption

Thank you for considering opening your home to a homeless pet! There are many wonderful aspects of owning a pet. However, there can be unforeseen issues that occur during pet ownership as well. Please read the following carefully and provide all the information requested so that we can do our part to match you with the best pet possible.

Why are you interested in adopting a pet? \_\_\_\_\_

Which pet(s) are you interested in adopting? \_\_\_\_\_

How did you hear about this pet? \_\_\_\_\_

I understand the adoption fee for this pet is \_\_\_\_\_

### Personal Information

Last Name \_\_\_\_\_ First \_\_\_\_\_

Spouse/Roommate's Last Name \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ How long employed? \_\_\_\_\_

Current Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Spouse Work Phone \_\_\_\_\_ Drivers Lic. # \_\_\_\_\_

Will you be moving in the near future: \_\_\_\_\_

Do you own/rent Landlord's name & # \_\_\_\_\_

### Home Environment

List of all people living in the house and/or who have regular contact with my animal(s) and their relationship to me (include family, friends, domestic employees, etc.):

\_\_\_\_\_ is my \_\_\_\_\_  
Name (Relationship)

\_\_\_\_\_ is my \_\_\_\_\_  
Name (Relationship)

Do you go home for lunch? yes \_\_\_\_\_ no \_\_\_\_\_

Do you have an outside run? yes \_\_\_\_\_ no \_\_\_\_\_

Do you have a fenced in yard? yes \_\_\_\_\_ no \_\_\_\_\_ If so, what is the size? \_\_\_\_\_

Do you have a dog house? yes \_\_\_\_\_ no \_\_\_\_

Do you have a crate? yes \_\_\_\_\_ no \_\_\_\_

Do you have any allergies to pets? yes \_\_\_\_\_ no \_\_\_\_

Will this be your first dog? yes \_\_\_\_\_ no \_\_\_\_

**Have you ever had to get rid of a pet?** yes \_\_\_\_\_ no \_\_\_\_ **If so, why?** \_\_\_\_\_

**How many hours will the dog be left alone?** \_\_\_\_\_

**Where will the dog be kept during the day?** \_\_\_\_\_

**Where will the dog be kept at night?** \_\_\_\_\_

**Where will the dog be kept when gone?** \_\_\_\_\_

Where will the dog be kept during bad weather? \_\_\_\_\_

### **Pet Owning History**

Please list all dogs, cats, etc. living inside or outside at your home:

| Name | Dog/Cat | Breed/<br>M/F | Age | Spayed/<br>Neutered | Vet's Name | Health Problems?<br>Issues? |
|------|---------|---------------|-----|---------------------|------------|-----------------------------|
|      |         |               |     |                     |            |                             |
|      |         |               |     |                     |            |                             |
|      |         |               |     |                     |            |                             |

If you have dogs, are they all on Heartworm Prevention? \_\_\_\_\_ If yes, what type? \_\_\_\_\_

Your current pet(s) live (choose one): \_\_\_ Indoor only \_\_\_ Mostly Indoor  
\_\_\_ Outdoor only \_\_\_ Mostly Outdoor \_\_\_ Indoor/Outdoor

Your new pet(s) would live (choose one): \_\_\_ Indoor only \_\_\_ Mostly Indoor \_\_\_ Outdoor only \_\_\_ Mostly  
Outdoor \_\_\_ Indoor/Outdoor

Where will your new/old pets stay when you are gone to work? \_\_\_\_\_

Where will your new/old pets stay at night? \_\_\_\_\_

Where will your new/old pets stay when you are out of town? \_\_\_\_\_

Aside from your current pet(s), list all the pets you have had in the past:

| Name | Dog/Cat | Breed/Male<br>or Female | Age | Neutered<br>Spayed? | Vet's Name | Health Problems?<br>Why Gone? |
|------|---------|-------------------------|-----|---------------------|------------|-------------------------------|
|      |         |                         |     |                     |            |                               |
|      |         |                         |     |                     |            |                               |
|      |         |                         |     |                     |            |                               |

**Veterinarian Information**

**References:** (We require a vet reference. If you don't have a vet, please use 2 personal references. Your reference should not be a relative.)

Current Veterinarian: \_\_\_\_\_ Clinic Name \_\_\_\_\_  
City: \_\_\_\_\_ Phone Number \_\_\_\_\_

Previous Veterinarian(s) (list all): \_\_\_\_\_  
City: \_\_\_\_\_ Phone Number \_\_\_\_\_

**Please read and sign**

**I certify that all information I have given on this application is true. I understand that any false information, unanswered questions or omitted information will result in immediate rejection.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Spouse** \_\_\_\_\_

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----- **OFFICE USE** -----  
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**Verified :**

**Address** \_\_\_\_\_ **Reviewed** \_\_\_\_\_ **Employment** \_\_\_\_\_ **Reference** \_\_\_\_\_

**Landlord** \_\_\_\_\_ **Home Visit** \_\_\_\_\_