

## Adoption Application

Name \_\_\_\_\_

E-Mail \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

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

Your Date of Birth \_\_\_\_\_

What type of pet are you interested in adopting?  Canine (dog)  Feline (cat)

If there is a particular pet you are interested in, please list pet's name: \_\_\_\_\_

Are you willing to give this pet sufficient time to adjust to his/her new home?  Yes  No

Are you willing to work on training/behavior issues that may arise in the future?  Yes  No

Are you willing to allow a representative of Parker Paws to visit your residence?  Yes  No

Where will this pet be kept?  Inside  Outside  Both Inside and Outside

If the pet will be kept outside, do you have shelter for the animal?  Yes  No

What type of residence do you live in?  House  Apartment  Other

Do you own or rent  Own

Rent → Does your landlord allow pets?  Yes  No

Does your landlord require a pet deposit?  Yes  No

Are there any restrictions on pets?  Yes  No

Please list the name and phone number of landlord:

• Are you planning on moving in the near future?  Yes  No

• If you plan on moving, what will you do with your pet? \_\_\_\_\_

• Do you have a fenced yard  Yes  No

• If you do not have a fenced yard, and are adopting a dog, are you willing to walk your dog twice a day? \_\_\_\_\_

How many children are in your household and what are their ages? \_\_\_\_\_

If you have children, are they familiar with pets? \_\_\_\_\_

Are all members of the household in agreement about acquiring a new pet? \_\_\_\_\_

Is anyone in your household allergic to animals? \_\_\_\_\_

If you currently do not have pets, what is your experience with pet ownership?

If you currently have pets, please answer the following questions

How old are your pets and what breed are they? \_\_\_\_\_

Are your pets current on vaccinations, including canine bordetella? \_\_\_\_\_

Are your pets spayed/neutered? \_\_\_\_\_

Are your pets on heartworm and/or flea prevention? \_\_\_\_\_

What is the name and phone number of your veterinarian? If you do not have one, you will need to choose one to provide future medical care for your new pet

- Have you lost a pet within the last 12 months to Parvo or Distemper? Yes No
- Have you ever surrendered a pet to an animal shelter? Yes No
- If you have surrendered a pet, what were the circumstances?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Signature \_\_\_\_\_

Date \_\_\_\_\_