

# PET ADOPTION APPLICATION

**\*\*\*BEAVER BROOK ANIMAL HOSPITAL RESERVES THE RIGHT TO DENY ANY ADOPTION\*\*\***

The pets available for adoption came here from a variety of sources. We cannot guarantee a pet's temperament. All animals are examined by a licensed veterinarian upon entry. Their health is routinely monitored while at the hospital, but there is always a chance that an animal is incubating a disease without showing any clinical signs.

**(Please initial)** \_\_\_\_\_

All pets adopted out have been spayed or neutered, received their core vaccinations, have been heartworm and/or feline leukemia/FIV tested. Any non-core vaccines are up to the owner to pursue with their regular veterinarian. If approved, a non-refundable adoption fee of \$\_\_\_\_\_ will be required.

**(Please Initial)** \_\_\_\_\_

Be prepared that a yearly vet exam, vaccines and flea/tick/heartworm prevention can cost up to **\$400** a year. Kittens and puppies need vaccines and worming that can cost up to **\$85 a month** for the **first four months in your care!**

**(Please initial)** \_\_\_\_\_

**We consider the adoption of any pet to be a life-long commitment of time, affection, money, patience, and responsibility.**

1. Which pet are you interested in adopting? \_\_\_\_\_
2. Have you given enough thought to this adoption? \_\_\_\_\_
3. Have you adopted from us before? When? \_\_\_\_\_
4. Why do you want a pet? \_\_\_\_\_
5. Is this your first pet? \_\_\_\_\_
6. Who will care for this pet? \_\_\_\_\_

**IN ORDER TO BE CONSIDERED AS AN ADOPTER, YOU MUST:**

- Be at least 18 years of age
- Have a picture ID showing your present address
- Have the knowledge and consent of your landlord
- Understand that we have the right to verify any information on this application, including a property check and a veterinary check
- Have the knowledge and consent of all adults living in your household

**Personal Information**

Name \_\_\_\_\_

Spouse/Partner Name \_\_\_\_\_

Street address \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone \_\_\_\_\_

Driver's license \_\_\_\_\_

Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Please list 2 character references unrelated to you:

(1) Name \_\_\_\_\_ Phone # \_\_\_\_\_

(2) Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Housing**

Do you live in a:  House  Apartment  Townhouse  Other \_\_\_\_\_

Do you:  Own home  Rent  Live with parent's  I am in the process of moving.

Landlord's name and phone number

\_\_\_\_\_

## **Household Information**

Spouse/Partner/Roommate's name \_\_\_\_\_

Please list the ages of all children living with you.

\_\_\_\_\_

Does anyone in your household have allergies? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain \_\_\_\_\_

## **Pet Information**

What pets do you currently have in your household or had had in the past 10 years?

If you no longer have these pet(s), please describe what happened to them.

Name/Breed	Type	Spayed/Neutered	Kept where	Age	Still own	If no longer own, what happened to them
	Cat Dog	Yes No	In Out			
	Cat Dog	Yes No	In Out			
	Cat Dog	Yes No	In Out			
	Cat Dog	Yes No	In Out			
	Cat Dog	Yes No	In Out			
	Cat Dog	Yes No	In Out			

Are your other pets current on all vaccinations? Yes  No  Don't know

Does your dog(s)/cat(s) get along with cats? Yes  No  Don't know

Does your dog(s)/cat(s) get along with dogs? Yes  No  Don't know

Do you own any other small animals? Yes  No

If yes, please describe: \_\_\_\_\_

How would you describe your household?  Active  Noisy  Quiet  Average

Where will this cat be kept during the day? \_\_\_\_\_ night? \_\_\_\_\_

How many hours will it spend alone without human companionship? \_\_\_\_\_

Where will it be kept when alone? \_\_\_\_\_

If you rent, have you thought about the possibility that if you move, another landlord may not allow pets? \_\_\_\_\_

What do you plan to do with the animal if this happens? \_\_\_\_\_

Do you want the pet for a: (circle all that apply)

House pet    Mouser    Breeder    Companion    Gift    Protection

Companion for other pet    Shop pet    Other \_\_\_\_\_

If adopting a cat, will he/she be allowed outdoors?    Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, under what conditions? \_\_\_\_\_

If adopting a cat, do you plan on declawing?    Yes \_\_\_\_\_ No \_\_\_\_\_

If adopting a dog what kind of training methods would you use

positive approach     dominance     choke/prong collars     obedience school

hit with newspaper     firm verbal commands

Pets are an investment of your time and money. Can you afford to provide medical care, grooming, proper diet, proper shelter and exercise for your new pet? Yes \_\_\_\_ No \_\_\_\_\_

If your pet were injured or ill, are you committed to take him/her to the vet? Yes \_\_\_No \_\_\_

Are you able to make a long term commitment to care for this pet for its entire life span, which could be as much as 10-20 years? Yes \_\_\_\_\_ No \_\_\_\_\_

Under what circumstances would you not be able to keep this pet?

\_\_\_\_\_

Have you ever had a pet that:     was hit by a car     ran away     was stolen     died in your care

Who is/was your veterinarian? \_\_\_\_\_

Hospital Name \_\_\_\_\_ Phone # \_\_\_\_\_

**I certify that I have read this questionnaire and that the information I have given is true and accurate, and I understand that any falsification may result in the nullification of this adoption.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_