

Name of Veterinarian : _____

Please notify your veterinarian office that someone will be contacting them and that you allow the release of information.

Veterinarian Phone: _____

If you are interested in a specific dog/cat at our rescue, which one?

Where will your pet be housed during the day? _____

Where will your pet be housed overnight? _____

How many hours will the pet be alone each day? _____

Will this pet be used for hunting, herding or farming? Circle one: Yes No

If you answered yes to the above, tell us a little more about the activity the dog will participate in. _____

Are you prepared to make a long-term commitment of several years to this pet? Circle one: Yes No

Are you prepared to make a financial commitment to the veterinary needs of your pet, both routine and emergency? Circle one: Yes No

Are you planning a move any time soon? Circle one: Yes No

Please list any reasons you would consider giving up a pet. _____

Have you ever given up a pet? Circle one: Yes No

If you answered yes to the above, please provide details. _____

Have you owned a rescued animal in the past? Circle one: Yes No

Do you understand that some rescued animals may come with fears or behaviors that require time and patience? Circle one: Yes No

How do you plan to train/discipline your pet? _____

How will you handle the exercise and toileting needs of your pet?

How will you keep your pet secure from running off?

When you are away, who will care for your pet? _____

Thank you for your interest in adopting. You agree that an application does not guarantee an adoption, and is the first step in finding the best match for an animal in our care. You agree to the veterinary reference, landlord verification (if applicable), and home visit as part of the process. You agree to contact our shelter if you need to give up the pet. To the best of your knowledge, the information you have provided is true and correct. If changes need to be made, you will notify PARTNERS FOR PETS.

Yes, I agree.

PRINT NAME: _____ Sign _____ Date _____

PRINT NAME: _____ Sign _____ Date _____