

Office Use Only:

| Animal Name: | |
|-------------------|---------------------|
| ☐ Canine ☐ Feline | □ Other |
| Date: | NOTES-REVERSE SIDE! |

| Name: | Ot | her adults in house | ehold: | | | |
|--|---------------------|----------------------|-----------------------|-------------------------------|--------------------------------|-----------------|
| Address: | | | | | | |
| City: | | | | | | |
| Phone: (Primary) | (Wk.) | | (Other | r) | | |
| Email (Required) | | | | | | |
| How did you find out about us? | Petfinder | VHS website | eTV | Oth | er | |
| Will this animal be a gift for sor | meone else? | _YesNo | | | | |
| If so, please provide name, relat | ionship to you, a | nd their address & | phone (Other v | erification may | be required): | |
| Do you rent or own (Circle one) the | e residence where | e the new pet will l | be living? (Oth | er verification | may be required) | |
| Landlord or Property Name and | phone | | | | | |
| Do you live in a:Apartmer | nt Complex | _Mobile Home Pa | rkSing | le Family | Home | |
| Other (Explain) | | | | | | |
| Do you plan on moving in the n | ext six months? | YesNo I | If so, please p | rovide the | new addres | ss: |
| List all pets that are, or have live if spayed/neutered). Who has been responsible for the spayed in thest spayed in the spayed in the spayed in the spayed in the spayed | ne medical care o | f these pets? | Fo | or the new | pet? | |
| Which vet clinic(s) have seen th | _ | | | | = | |
| What is your source of income? | | | | | | |
| Are you familiar with the produ | cts and services of | offered through ou | r VHS Vaccir | ne Clinic? | Yes | _No |
| Dogs Only: What qualities are | you looking for i | in your new dog? | | | | |
| To be primarily inside To be primarily outside To be both inside/outside | Other dogs | | Low Energy ore energy | Trainin Mus Mus Trai | t be fully tra st be houset | ained rained |
| How much time are you realistic | cally willing to c | ommit to any spec | ific training o | r socializa | ition needs y | your new |
| dog may require?Hours | s dailyH | ours weekly | Busy sche | dule, little | time for tra | ining |
| Do you plan to leave your dog o | outside in nice we | eather while you ar | re away from | home? _ | _Yes1 | No |
| How many hours each day will | this dog be withou | out direct human co | ompanionship |)? | | |
| Is your yard COMPLETELY/S | SECURELY fen | ced?Yes | _No | 6ft | 4ft | Other |
| If your yard is not fenced, how | will you confine | the dog when outs | ide? | | | |
| Are you familiar with crate train | ning?Yes _ | NoUnsure | , need more in | nfo. | | |

| nts Only: |
|--|
| here will this cat be kept?OutsideIn garage/barnInside home only |
| Inside home/outside in nice weather |
| hat qualities are you looking for in your new cat? |
| Personality: |
| ow many hours each day will this cat be without human companionship? |
| you plan to have this cat declawed?YesNoUnsure, need more info. |
| xotics or "pocket pets" Only: |
| ave you ever owned animals of this species before?YesNo |
| ease describe size/type of caging and what supplies you have available for this pet (Verification may be required): |
| o you intend to breed the animal you are adopting? |
| ust provide contact name & info of someone NOT LIVING IN YOUR HOUSEHOLD that we can |
| ust provide contact name & info of someone NOT LIVING IN YOUR HOUSEHOLD that we can ntact if we are not able to reach you in the event of an emergency concerning your pet: |
| |
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| Address Phone All of the information I have provided on this application is, to the best of my knowledge, true and complete. I derstand that falsifying information on this application, or at any time during the adoption process, may |
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| Address |