



**PET ADOPTION APPLICATION**

Phone: (951) 232-6961 Fax (909) 941-2888

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ WorkPhone: \_\_\_\_\_ Age: \_\_\_\_\_

Email Address: \_\_\_\_\_

1. Name of pet you are applying for: \_\_\_\_\_

2. Description of pet you are applying for (or looking for):  
\_\_\_\_\_

3. Do you want this pet for: COMPANION    PROTECTION    GIFT  
OTHER \_\_\_\_\_

4. This pet will be without human companionship for about \_\_\_\_\_ hours  
per day, \_\_\_\_\_ days per week.

5. Where will your pet be kept during the day? (circle all that apply)  
INDOORS    OUTDOORS    DOG PEN    CRATE    BASEMENT  
GARAGE OTHER \_\_\_\_\_

Where will your pet sleep during the night?    INDOORS    OUTDOORS  
DOG PEN    CRATE    BASEMENT    GARAGE  
OTHER \_\_\_\_\_

Do you have a doggie door:    YES    NO

Do you have a pool:    YES    NO

6. Type of Residence: HOUSE    CONDO    APARTMENT    MOBILE HOME  
DORM    OTHER \_\_\_\_\_

7. Do you have plans to move: Yes or No

8. Do you :  
\_\_\_\_\_ I RENT    \_\_\_\_\_ I OWN    \_\_\_\_\_ WITH MY PARENTS

HOA contact information \_\_\_\_\_

Landlord's name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 9. Does your landlord allow pets? YES NO DON'T KNOW  
 Deposit required? \_\_\_\_\_ Monthly rent increase? \_\_\_\_\_

10. Do you have a fenced yard? YES NO  
 If fenced, please describe the height and type: \_\_\_\_\_

11. Please provide the following information about your household:

Number of adults: \_\_\_\_\_ Ages: \_\_\_\_\_

Number of children: \_\_\_\_\_ Ages: \_\_\_\_\_

Who will be the Primary Caregiver for the dog? \_\_\_\_\_

Who will be financially responsible for the dog? \_\_\_\_\_

Are all the members in your home in agreement about adopting a pet? Y or N

12. Is anyone in your family allergic to animals? \_\_\_\_\_ CATS DOGS

13. What will you do with your pets if you move in the future: \_\_\_\_\_  
 \_\_\_\_\_

14. How much do you anticipate spending yearly to feed, vaccinate, license and provide medical care for your pet? \_\_\_\_\_

15. Would you be willing to allow us to visit your home before the adoption is completed? \_\_\_\_\_

16. Have you ever given a pet up? Why? \_\_\_\_\_

17. What type(s) of pets do you own or have owned in the last 10 years?

Name	Type/Breed	Kept Where	Age	Neutered	Sex	Still Own?
				YES NO		YES NO
				YES NO		YES NO
				YES NO		YES NO
				YES NO		YES NO

18. Who is (was) your veterinarian for the above animals?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

19. Who is the veterinarian that you plan to use for your new pet?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

If you travel, who will care for your pet while you're away?

Name or Boarding Facility Contact:\_\_\_\_\_

Phone Number:\_\_\_\_\_

20. Please provide a personal reference:

Name:\_\_\_\_\_

Address:\_\_\_\_\_

Phone:\_\_\_\_\_

21. Do you realize that a dog or cat may live 15 or more years? YES NO

22. It may take your new pet two or more weeks to adjust to its new home, especially if other pets are involved. Are you prepared to allow this much time? YES NO

23. When would you be ready to bring your new pet home if approved?

\_\_\_\_\_

24. How do you plan to house train your dog?\_\_\_\_\_

\_\_\_\_\_

25. What circumstances may justify giving up a dog: (Check all that Apply)

Baby\_\_\_\_ Want to Travel\_\_\_\_ Children lost interest\_\_\_\_

Moving\_\_\_\_ Dogs Behavior Problems\_\_\_\_ Dog Becomes Ill\_\_\_\_

Divorce\_\_\_\_ House Soiling\_\_\_\_ Too time consuming\_\_\_\_

Shedding\_\_\_\_ Destructive\_\_\_\_ Other\_\_\_\_

Allergies\_\_\_\_ Dog not getting along with other pets\_\_\_\_

By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of the facts may result in my losing privilege of adopting a pet from Angels for Animals. I authorize investigation of all statements on this application. Completion of this applicant does not imply nor guarantee adoption of a pet from Angels for Animals.

Signature:\_\_\_\_\_ Date:\_\_\_\_\_

**Applications may be faxed back to: (909) 941-2888**