



First Name M.I. Last Name

Address (inc. house #, street, city, state, & zip code)

Is your residence a rental?: _____ Landlord's name & phone #: _____

If you rent, please make sure your landlord has approved a pet in this residence.

Phone Number: _____ Best time to call: _____

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How many adults are there in your household? _____ How many children? _____

What other pets do you have? _____

Are these pets up to date on vaccinations? _____ Do you have a regular vet? _____

Are your pets on monthly heartworm prevention? _____ What brand? _____

Flea & tick prevention? _____ What brand? _____

Are your pets spayed/neutered? If not, why? _____

Have you ever surrendered a pet? If so, why? _____

About the Animal You Wish to Adopt!

Which animal are you interested in? _____

Desired age: _____ Desired size: _____

Animal you would NOT adopt: _____

Who will have primary responsibility for this pet's daily care? _____

Who will have financial responsibility for this pet? _____

Do you agree to provide regular health care by a licensed veterinarian? _____

Do you agree to contact Lake Animal Hospital if you can no longer keep this animal? _____

Are you willing to let a representative of the clinic visit your home by appointment? _____

Personal References

Please list someone who is familiar with both you and your pets

Name: _____ Phone: _____

Relationship: _____ Years known: _____

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All of the information above is confidential and will not be shared with anyone outside of the clinic.

Please sign below, agreeing should we be able to adopt to you, that you will provide the animal with the necessary care and attention, and that the above information is correct.

Signature & Date