



Contact Information

Lake Animal Hospital

Dog or Cat Adoption Application Form



Full name: _____

Occupation: _____

Address: _____

How long at this address: _____

Daytime Phone: _____

Evening Phone: _____

Best time to call: _____

Email address: _____

Are you over 21 yrs old? _____

Family & Housing

How many adults are there in your family (their relationship to you)?

How many children (ages)?

What type of home do you live in single family, town home, apartment, farm, etc.?

Please describe your household: __ Active __ Noisy __ Quiet __ Average

If you rent, please give the rules governing pets and the landlord's name and number

(by providing this information you are allowing Lake Animal Hospital to contact your landlord please inform them of this call so they will speak with us)

Does anyone in the family have a known allergy to dogs or cats? _____

Is everyone in agreement with the decision to adopt a pet? _____

Do you have time to provide adequate love and attention? _____

Other Pets

What other pets do you have (specify type and number)? Can write on the back if you need more room.

Are these pets up to date on vaccines? _____

Are your pets Heartworm tested yearly? _____

Are your pets on monthly Heartworm prevention? _____

Monthly Flea & tick prevention? _____ What brand _____

Are these pets spayed/neutered? If not..why? _____

Have you every surrendered a pet? If so, why?

Have you ever had a pet euthanized? If so, why?

Have you ever lost a pet to an accident?

How do you discipline your pets and why? _____

Veterinarian

Do you have a regular veterinarian? _____ Yes _____ No

Veterinarian's name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____

(Providing Lake Animal Hospital with this information you are allowing Lake Animal Hospital to call your vet)

About the pet You Wish to Adopt

What is your idea of an ideal pet and why?

Desired age: _____ Desired Size: _____

Desired breed: _____

Breed you would not adopt: _____

Desired sex: Spayed Female Neutered Male No preference

Willing to adopt: outgoing/hyper dog shy dog

dog that needs regular medication dog that needs training

dog that needs grooming None of these 5

Where will the pet spend the day? (*describe*)

Where will the pet spend the night? (*describe*)

Number of hours (average) pet will spend alone? _____

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? Yes No

Do you agree to keep the pet as an indoor pet? Yes No

When the dog goes out, how do you plan to supervise it? Fenced yard?

We require keeping adopted cats inside only, unless adopted as a farm cat only.

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

Are you be willing to let a representative of Lake Animal Hospital visit your home by appointment?
 Yes No

How did you hear about Lake Animal Hospital?

Personal References

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

Name:

Address:

Phone:

Relationship (relative, neighbor, friend, etc.):

Name:

Address:

Phone:

Relationship (relative, neighbor, friend, etc.):

All of the information I have given is true and complete. This dog or cat will reside in my home as a pet. I will provide it with quality dog or cat food, plenty of fresh water, indoor shelter, affection, annual physical examination and vaccinations under the supervision of a licensed Veterinarian.

(Signature) (Date)