



Pet Adoption Application

CAT / DOG Animal Name: _____ Date: _____

Your Name: _____

Home Phone: _____ Cell: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Employed: YES or NO Occupation: _____

What is the longest period of time that the animal will be left alone? _____

Do you RENT or OWN? Residence type: Mobile Home / House / Apartment / Condo

Where is it? City / Country / Farm

Landlord's Name: _____ Phone: _____

How long at this address? _____

Are there any other adults living in the household? ☐ No ☐ Yes If yes, please list below:

1. Name _____ Relation _____ Age _____

2. Name _____ Relation _____ Age _____

How many children are in your household? _____ Please list ages: _____

Are all household members aware you intend to adopt a dog or cat? Y / N

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

Have you ever surrendered an animal at an Animal Shelter/Humane Society? YES or NO

Have you ever lost a pet to an accident? _____

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

Pets you have cared for in the past 5 years:

Name	Type/Breed	Sex	Fixed	Current on Vaccines	Still Own? If not, please explain why.
_____	_____	M / F	Y / N	Y / N	_____
_____	_____	M / F	Y / N	Y / N	_____
_____	_____	M / F	Y / N	Y / N	_____
_____	_____	M / F	Y / N	Y / N	_____

Veterinarian Reference if any:

Name: _____ City: _____ Phone: _____

Two Personal References:

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

What drew you to this pet? _____

If you are adopting a DOG:

Are you familiar with the animal laws in your area? Y / N

Are you aware of the state laws regarding licensing and vaccinations? _____

Where will the dog be kept? _____

If you are adopting a CAT:

Do you intend to let your cat outside? YES or NO

Do you intend to declaw? YES or NO

If you are interested in getting pre-approval for a possible future adoption, please complete:

Desired Age: _____ Desired Size: _____ Desired Breed: _____

Desired sex: ____ Spayed Female ____ Neutered Male ____ No Preference

Willing to adopt: ____ outgoing/ hyper ____ shy

____ needs regular medication ____ needs training

____ does not do well with dogs ____ does not do well with cats

By signing below, I certify that the information I have given is true. Falsification of any of the above information will be grounds for disallowing the adoption of the rescue and possible removal of said animal from my home. I consent to a TCHS representatives discussing information on this application with any persons named on this application. TCHS will review all applications on a first come basis and will notify if approved or if another applicant ahead of you was approved. We appreciate your patience while we make our decision.

Signature _____ **Date** _____

☐ References Checked Approved / Denied

☐ Responsibilities Understood Yes / No