



Pets In Need Adoption Application

Name: _____
Address: _____
City: _____ ST _____
Email: _____

Home Phone: _____
Work Phone: _____
ZIP _____

Household Information

- Housing: _____ Own _____ Live with Parents _____ Rent
- Landlord's Name: _____ Phone #: (____) _____
- Your household consists of: Adults _____ Children (Please list ages) _____
- My household's activity level can best be described as: Quiet Active Hectic
- Does any member of your household have allergies to animals? Yes No

Hopes & Expectations

6. Please check the following attributes that most closely describe your ideal pet:

Active Outgoing Attentive High Energy Playful
Cuddly Calm Independent Low Energy Quiet

7. Please select from each description the quality that best describes what you are looking for in a companion:

(a) Size: Small Medium Large
(b) Coat: Short Medium Long
(c) Age: Puppy/Kitten 1-3 Years Older
(d) Activity Level: Low Medium High

8. Where will your pet be kept during the day? _____
At night? _____

9. Do you have a fenced yard? Yes No

How high is the fence at its lowest point? _____

10. What is the longest time the pet will be left alone during the day? _____

Pet History

11. Please list all current pets in household:

Species	Breed	Age	Sex	Altered?	Kept In/Out/Both	How Long Owned
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

If you currently do not have a pet, have you ever had a pet before? Yes No

12. Please list your most recent pets who are no longer with you:

Species	How long did you have the pet?	What happened to the pet?

13. How did you learn about Pets In Need?

- Friend Website Newspaper Radio Other

I certify that all the information I have provided on this application is true, and I understand that false information may void the adoption and may preclude me from any future adoptions from Pets In Need.

Signature

Date

This section to be completed by Pets In Need Staff

I have reviewed the following topics with the prospective client:

- Provided any necessary medical information to client per Medical Director
- Checked for any medications to send home with the client
- Animal has been spayed/neutered
- Animal has been microchipped
- Advantage
- Canine College registration for dogs
- Adoption Agreement completed and Signed
- PIN ID tag and collar given to client
- Temporary ID tag given to client
- Money taken and receipt given
- Copy of record given to client

Client Services Representative: _____

Date: _____