



FOR DEPARTMENT USE: Approved: **YES** **NO**

Desk Person _____

Reason Denied _____

Animal of Interest: DOG CAT

Animal Description/Name _____

Date: _____

Name: _____

Address: _____ Town _____

Home Phone Number: () _____ Cell () _____

Email Address: _____

Occupation: _____

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS:

1. Are you over the age of 21? YES NO
2. Do you own your own home or rent? _____ landlord's name & phone # _____
3. How many adults are living in the household? _____
4. How many children are living in the household? _____

Ages? _____

Answer Questions 5-7 for DOGS only

5. Approximately how many hours a day will the animal be left alone? _____
6. Are you opposed to crate training? YES NO
7. Do you have a fenced yard? _____
 - a. If so, what kind of fence? _____
 - b. How high is the fence? _____
8. Will the animal be kept: Inside: _____ Outside: _____ Inside/Outside(both): _____
9. Where will the animal be kept during the day? _____
10. Where will the animal be kept at night? _____
11. Have you ever adopted a pet from us before? YES cat/dog Pet's Name: _____ No
12. Have you ever had to surrender a pet to us before? YES NO Pet's Name: _____
 - a. When? _____
 - b. Why? _____

13. Do you currently own any animals? YES NO
If so:
Breed: _____ Sex: _____ Spayed/Neutered: _____ Age: _____ Name: _____
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14. Do you believe in declawing cats? YES NO
15. Will your cat be indoor/outdoor YES NO
16. What is the name of your **Veterinarian/Animal Hospital, town located in & PHONE NUMBER?** _____

- a. May we contact him/her for a reference? YES NO
- b. Is your pet up to date with **all** vaccines? YES NO

(Please fill out information on the back too)

17. Have you ever owned any animals in the past? YES NO
If so:
a. Breed: _____ Sex: _____ Spayed/Neutered: YES NO
Age: _____ Pet Name: _____
What happened to the animal? _____

b. Breed: _____ Sex: _____ Spayed/Neutered: YES NO
Age: _____ Pet Name: _____
What happened to the animal? _____

18. Please provide two personal references: **(no family members)**
Name: _____ Relationship: _____
Phone Number: _____
Name: _____ Relationship: _____
Phone Number: _____

19. Do you object to a home visit? YES NO
20. If something happens to you is there a family member who will would be willing to assume responsibility/provide a home for the animal?
If yes who is it? Name _____ Phone # _____

I, _____, the undersigned, understand:
(Your name here)

1. That Save-A-Pet has the right to refuse to adopt any animal.
2. That I will be required to pay an adoption donation of \$ _____ for this animal.
3. That if the animal is a dog, I will be required to purchase a New York State (or otherwise if out-of-state address) license for this pet.
4. That I will be required to have any un-spayed/un-neutered dogs that I adopt, spayed or neutered at Save-A-Pet's expense and will call to make an appointment at the appropriate time (designated by Save -A-Pet).
5. That Save-A-Pet has had preliminary veterinary care for the animal but makes no claims as to the future health of the pet.
6. That I promise to bring the adopted pet to my veterinarian for regular check ups and when the animal is in need of medical attention.
7. That the pet will live **INSIDE** the house with you and **WILL NOT** be kept outside.
8. That I agree to return the animal to Save-A-Pet, if, for any reason, I decide not to keep the pet.
9. That Save-A-Pet may seize the animal if we become aware that the animal is being mistreated or neglected in any way or if the terms of this agreement have been violated.

Signature: _____ Date: _____

Print: _____