

# Adoption Application

Name of pet you're interested in: \_\_\_\_\_

## Contact Info:

First name \_\_\_\_\_ Last name

\_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zipcode \_\_\_\_\_ Phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Household Info:

Please indicate how many people live in your household: \_\_\_\_\_

Please indicate how many children (under 18) live in your household and their ages:

\_\_\_\_\_

Is everyone who lives in your household present today? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you rent or own? \_\_\_\_\_

If you rent please list your landlord's name and number so we can verify pets are allowed: \_\_\_\_\_

Are you able to pay for animal care expenses that can be as much as \$1500 per year for food, vet expenses, preventatives, and miscellaneous supplies? Yes \_\_\_\_\_ No \_\_\_\_\_

**What veterinarian have you used in the past?**

\_\_\_\_\_

**Have you ever owned a pet before? If yes, please list them below:**

Type of pet	Breed	Name	Sex	Age	Spayed/ Neutered	Years owned	Still have this pet?	If not, why?

**Please circle your source of income:**

Job                  Retired                  Social Security                  Unemployment                  Pension  
Disability                  Self Employed                  No Income                  Other \_\_\_\_\_

**How did you hear about our adoption program?**

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### Adoption Agreement

I hereby release to Midwest Animal Hospital all veterinary records of any and all animals I have had or currently have. I, the undersigned, certify that the information contained in this form is true and correct. I understand and agree that the care, feeding, training, and wellbeing of an animal is the responsibility of an adult, I understand that I may not be able to adopt the animal I choose due to it not being an appropriate match due to lifestyle or house issues. I understand that Midwest Animal Hospital reserves the right to deny any application based on the info provided. By signing below, I have read and understand the above terms.

Applicant Signature: \_\_\_\_\_