

RE-HOME APPLICATION

Pet's Name _____ Male _____ Female _____ Species _____ Breed _____ Age _____

APPLICANT'S INFORMATION

Applicant _____ Age _____ Occupation _____
Co-applicant (Spouse or Significant Other) _____ Age _____ Occupation _____
Street Address _____ City _____ County _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ E-mail _____
Employer _____ Work Phone _____

1. Please list the names and ages of all other people living with you _____
2. I am: employed _____ student _____ retired _____ unemployed _____ work from home _____ stay-at-home mom _____
3. Do **all** the members of your household want to adopt this pet? _____ Is this pet a gift? _____ For whom? _____
4. Do you own _____ rent _____ live with parents _____? House _____ Apt _____ Condo _____ Townhouse _____ Mobile Home _____
5. If you rent, name of landlord or real estate company: _____ Phone _____
6. If you rent, may we check your lease for a pet clause? _____ How much is the pet deposit? _____
7. If you rent, do you have landlord's permission to have a pet? _____ How long have you lived at this residence? _____
8. Do you have a **fenced yard**? _____ If yes, what kind? _____ height? _____ pet door? _____
9. Is anyone in the home **allergic to animals**? _____ If yes, who and to what? _____
10. How many hours will your pet be **home alone** on a typical week day? _____ on weekends? _____
11. Where will your pet stay when **home alone** during the day? _____
12. Where will your pet **stay/sleep at night**? _____
13. If your pet will be **living outside**, please describe its living facilities: _____

14. If you are no longer able to keep your pet for any reason, at any time, will you **return the pet to us**? _____

15. Please list all pets you currently have, and have had in the past five years, and what happened to them:

Name	Species	Breed	Age	Spayed/Neutered?	Living/Deceased	Vet Used
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

16. If applicable, Do/did you keep your pets on **heartworm prevention** medication? _____ Brand used? _____
17. How do you plan to prevent **fleas and ticks**? _____
18. Name of the **Veterinary Clinic** you use the most: _____ Phone number: _____
Street Address: _____ City: _____ State: _____
19. Are you willing to keep vaccinations up-to-date and provide adequate **medical care** for this pet? _____
20. If you are considering a long-haired breed, **how often would the pet be groomed**? _____
21. Name of the groomer you use the most _____ Phone number _____

If you do **NOT** have a veterinary reference, please list the name, address, and phone number of a personal, non-related and non-significant other as a reference:

Signed: _____ Date: _____