

Staff Use Only	
Pet Name:	
Pet ID#:	
Applicant #:	
Comments:	

## **Adoption Application**

YOUR BEST PET MATCH						©200	©2009 My Animals Rock, Inc.	
Are you in	terested in	a parti	cular dog	/ cat? If so, wh	nat is the pets's name	÷\$:		
What quo	llities are yo	u lookii	ng for in c	ı dog/ cat? (Ex	amples: playful, laid-	back, child friendly, d	dog friendly, social,	
quiet, exe	rcise comp	anion,	best frien	d, etc):				
CONTACT	& HOUSEH							
Name(s):	s): Email:							
Address: _								
	er: Work Phone:							
Check all	that live in	your ho	ousehold:					
Adults	OVER 21: H	ow Mai	ny\$	Kids age 12	2 or older: How many	? Nids unde	er 12: How Many?	
Cat(s):	How Many	\$	Dog(s	s): How Many?	Other Pet(	(s):		
RESIDENC	Y & HOME I	NFORM	ATION					
Do you re	nt or own?	Type o	f Home:	House Ap	artment Other:			
How long	have you li	ved at	your curre	ent address?: _				
If you rent	, is your lea	se: yec	ırly - mont	h to month - w	eek to week? (pleas	e circle your answer)		
If you rent	, please list	your la	ındlords n	ame and phor	ne number:			
Does your	landlord a	llow pe	:ts?	Are there any r	estrictions (i.e. weigh	t, number of pets)?: _	If yes, what are the	
restriction	s\$:							
Do you ho	o you have a yard?: Is it fenced in?: If yes, how tall is your fence:							
VETERINA	RY CARE & (	CURREN	IT/PAST PE	TS - Check her	e if this does not app	ly to your household:	:	
Including	your currer	nt pet, v	vhat othe	r pets have yo	u owned in the past s	5 years?		
Breed	Name	Sex	Age	Spayed/ Neutered?	How long have you had this pet?	Where does he spend most of his time?	Do you still have this pet? If not, what happened?	
Are the al	oove pets c	current	on all vac	ccinations (rabi	es and distemper va	ccines)?		
Are the al	oove pets c	on hear	tworm pre	eventative?	If no, why?:			
Name of '	Vet:				_Town, State:	Vet Pr	none:	
Whose no	me are you	) pets li	sted unde	er at your vet?:				