

# Stray Animal Adoption Application

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

1. Pet you are interested in adopting: \_\_\_\_\_

2. Why are you interested in this pet? \_\_\_\_\_  
\_\_\_\_\_

3. Do you currently own any pets? If yes, please fill in the following information:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

4. Who is your veterinarian? \_\_\_\_\_

5. Are your pets current on vaccinations? Yes or No

5a. Where do you have your pets vaccinated (regular vet, PetVax, etc)? \_\_\_\_\_

6. Are your pets current on flea and tick preventative? Yes or No

6a. Where do you purchase your flea and tick preventative? \_\_\_\_\_

7. Are your pets current on heartworm preventative? Yes or No

7a. Where do you purchase your heartworm preventative? \_\_\_\_\_

8. If you are interested in adopting a dog, do you have a fenced in backyard? Yes or No

9. If you are interested in adopting a cat, will the cat be strictly indoors, indoors/outdoors, or strictly outdoors? \_\_\_\_\_

10. How many children do you have? What are their ages? \_\_\_\_\_  
\_\_\_\_\_

11. Please list two personal references.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

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By signing below, I give Greene Animal Hospital permission to check my veterinary and personal references.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_