

ADOPTION APPLICATION FORM:

The Pet Adoption League upholds the belief that pet ownership is a moral, physical, and financial responsibility. This questionnaire is designed to help place an animal in its best lifelong home.



Date:

Name:

Email:

Address:

Examples: Home/Work/Cell

Ph. X Cell 918-123-4567 Ph. 1

City:

State:

Zip:

Ph. 2

Ph. 3

Animal's Name:

Breed/Mix:

Sex:

Age:

PAL-ID:

Reason for adopting (complete or select):

Where will the pet be kept?	Indoors	Indoors/Outdoors
	Outdoors	On a Chain

Where will the pet sleep?

How many hours/day will the pet be left alone?

How much are you willing to spend per year to feed, vaccinate, and provide all the medical care for your new pet?	\$100
	\$200
	\$500
	Whatever it takes

How would you rate your general knowledge regarding the type of pet you are interested in?

Expert

Very knowledgeable

Somewhat knowledgeable

Minimal or no knowledge

Your primary veterinarian's name:

Phone:

What brand of heartworm preventive do you use?

Please list the pets currently in your household and indicate the veterinarian who cares for them if different from the vet listed above.

Pet's Name: Breed/Mix: Age: Spayed/Neutered? Veterinarian's Name and Phone # for this pet:

Please list any other pet(s) you've had within the past five years and the circumstances regarding why they are not with you now.

Have you ever surrendered an animal to the shelter? No Yes Explain:

Adults in family: Children: Yes No Number of children: Children's Ages:

Is anyone in the household allergic to animals? No Yes

Property type where animal will live: Environment: Busy Quiet Do you? Own Rent

When you travel, who cares for your pet?

Cat Will you have the patience to housebreak a dog if necessary? Yes No Doggie door? Yes No

What type of fence do you have? What Height? Have a pool? Yes No

Dog If there's a pool, does the dog have access to it? Yes No Is the pool fenced separately? Yes No

Please provide two personal references other than relatives. You need to provide names & phone numbers, and optionally emails.

Your name, printed:

Adoption counselor: _____

Your signature:

Approval status & date: _____

Date of application:

This form: Version 6FP, Revised: 21-Aug-14

PET ADOPTION LEAGUE PO BOX 700934 TULSA OK 74170-0934 918-365-8725 vm 918-364-0428 fax

Organization Website: www.pet-adopt.org

PetFinder.Com Listings: www.petadoptionleague.petfinder.com

Facebook: www.facebook.com/paltulsa

webmaster@pet-adopt.org