



Adoption Application

Date: _____

Pet's Name: _____

Identification

Name _____

Street Address _____

City _____ State & Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Employment

Employer _____

Position _____ How Long? _____

Business _____

Housing

| | |
|-------------------------------|--|
| <input type="checkbox"/> Rent | Landlord's Name _____ |
| | Landlord's Phone Number _____ |
| | Are pet's allowed? _____ |
| <input type="checkbox"/> Own | Length of time at current residence? _____ |

Household Members

Number of ADULTS in household? _____

Number of CHILDREN in household? _____ Ages _____

Roommate/Spouse's Name _____

Are any members of your household allergic to cats? _____

Are any members of your household allergic to dogs? _____

Prior Pet History

List the animals by name that have been part of your family during the last 10 years. Indicate the status of each using the following codes

| | | |
|-----------------|-------------------|--------------|
| 0 Still with me | 3 lost/ran away | 6 Euthanized |
| 1 Deceased | 4 Sold | 7 Unknown |
| 2 Gave Away | 5 Gave to Shelter | |

| Pet's Name | Species | Status |
|------------|---------------|--------|
| | Cat Dog Other | |
| | Cat Dog Other | |
| | Cat Dog Other | |
| | Cat Dog Other | |

| Are your current pets: | Yes | No |
|-----------------------------|-----|----|
| Up-to-date on vaccines? | | |
| Spayed or Neutered? | | |
| On heart worm preventative? | | |

Veterinarian's Name: _____ Phone #: _____

Where will this pet spend most of its time?

Crate Indoors Outdoors Garage Basement

Where will pet stay when you are away on vacation?

By my signature below, I authorize Walking Home Together, Inc. to contact:

- My veterinarian(s) to check the care provided to previously and/or current pets, and to check the spay/neuter history;
- My landlord to ensure that I have his/her/its permission to keep pets on the premises; and
- My employer to confirm employment.

I certify that the statements made on this application are true and accurate to the best of my knowledge. I understand that false statements by me may lead to the rejection of this application for adoption.

Signature: _____

Date: _____