

440-320-2723
Carrie Graham
Founder/Director



216-308-3452
Gregg Zack
Adoption Coordinator

Serving Lorain County & Surrounding Communities
LaGrange • Ohio • 44050
petresqoh@gmail.com

Animal Adoption Application

Your Name:				
Spouse/Significant Other:				
Address 1: Address 2: City: State: Zip:	Home Phone: Work Phone: Cell Phone: Email Address:			
Name of pet you're applying for:				
Is this your first experience with a pet? Y N				
Why are you interested in this particular animal?				
List the pets you currently have in your household:				
Name: _____	Type: _____	Age: _____	Sex: _____	Altered: _____
Name: _____	Type: _____	Age: _____	Sex: _____	Altered: _____
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Name: _____	Type: _____	Age: _____	Sex: _____	Altered: _____
Name: _____	Type: _____	Age: _____	Sex: _____	Altered: _____
Where are these pets kept:				
List the pets you have had in the past five years not listed above: Name: _____ Name: _____ Name: _____	What happened to this pet: _____ _____ _____			
Who is your veterinarian?	Phone number:			
Do you own or rent:	If rent, does your lease allow pets?			
Property Type: _____				
Landlord name: _____	Landlord phone: _____			
How long have you lived at your present address:				
How many people live in your house: _____	Do all adults know you plan to adopt a pet?			
Number of children: _____	Ages of children: _____			
Do you plan on having children in the next 5 years?				
What will happen to the dog if you have children:				
Does anyone have pet allergies?	If yes, what type:			
Who will be responsible for the care of the pet?				
Where will the pet be kept during the day:				
Where will the pet be kept at night:				

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How will your animal be confined to your property?		
How many hours a day will the pet be left alone:		Where:
How will your pet be cared for while you are on vacation?		
Do you have a fenced yard?		If yes, how high?
What type of fence:		
Do you have a dog crate: What are your beliefs in crating?		
Why do you want an animal:		
How would you train this animal:		
Are you familiar with heartworm disease?		
Do you plan on adding another pet to your household after this adoption? Please explain:		
How did you hear about us?		
Will you be able to live with hair on your furniture, stains on your rugs, a warm body on your bed, and an animal that might be destructive at time?		
Remember, pets are an investment of your time and money. Can you afford to provide medical care, grooming, proper diet, shelter and exercise for your new pet?		
What is the most you are willing to spend on your animal for treatment: \$.00		
Are you able to make a long term commitment to care for your pet for its entire life span, which could be as much as 10-20 years?		
Under what circumstances would you not be able to keep this animal:		
Please list 1 personal reference:		
Name:	Phone:	Relationship:
Employer's Name:		
Employer's Phone:		Normal hours worked per day:
Signature:		Date:
Spouse/Significant Other:		Date:

*PetResQ Ohio reserves the right to refuse adoption to any client for any reason.
 This questionnaire becomes part of our contract.*