



## Adoption Application

Please fill out the following form honestly to assist us in making a suitable match.

Animal Name/Number: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Housing: ☐ Own ☐ Rent Type: ☐ House ☐ Apartment ☐ Mobile Home

How long have you lived there? \_\_\_\_\_

Landlord Name/Number (if applicable): \_\_\_\_\_

Veterinarian Name/Number: \_\_\_\_\_

How many people live in your household: Adults: \_\_\_\_\_ Children/Ages: \_\_\_\_\_

Do you have any pets in your household? ☐ Cat(s) ☐ Dog(s) ☐ Other: \_\_\_\_\_

Where will your new pet live? ☐ Indoors ☐ Outdoors ☐ Both

Where will your new pet spend time alone? \_\_\_\_\_

My ideal pet will (check all that apply):

- ☐ Not require much training (house/litter box, crate, manners, etc).
- ☐ Be accepting of visitors to my home.
- ☐ Enjoy meeting new pets outside of my home.
- ☐ Be declawed (cats only).
- ☐ Be affectionate.
- ☐ Be playful.

I'm ok with (check all that apply):

- ☐ Providing or seeking training for manners, house/litter box, crate, etc.
- ☐ Allowing my new pet time to decompress before going on outings and having visitors.
- ☐ Special needs (behavior and/or medical).
- ☐ Providing necessary exercise/enrichment.
- ☐ An independent pet.

Going home: You will receive a medical summary about the pet, and we will cover dietary information at the time of adoption. Please check additional topics you'd like to discuss:

- ☐ Recommend preventative medical care.
- ☐ House/litterbox/crate training.
- ☐ Introducing new pet to current pets.
- ☐ Puppy/kitten socialization.
- ☐ Other: \_\_\_\_\_
- ☐ Finding a dog trainer.
- ☐ Finding a veterinarian.
- ☐ Preventing problem scratching.

By completing this form, I understand that CCHS will work to match me with the most appropriate pet and that adoption is not guaranteed.

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