



LEAGUE OF ANIMAL PROTECTORS

Adoption Application



Phone 972-835-6006 - Fax 972-429-1425 - P.O. Box 940970 Plano, TX 75094-0970 - LapRescue@gmail.com - LapRescue.org

This application is to assist in screening for suitable placement of L.A.P. animals. L.A.P. may refuse placement of an animal for any reason. When submitting this application, you give permission for L.A.P. to examine and verify the information that you provide. All forms are property of L.A.P.

PLEASE PRINT PERSONAL INFORMATION

First name	M	Last name	DL#	DOB
Street Address	City		State	Zip Code
()			()	
Home Phone	E-Mail Address		Cell Phone	
			()	
Employer Name and Address	E-Mail Address		Work phone	
			()	
Spouse/Partner name	DOB		Phone Number	
			()	
Spouse/Partner Employer	E-Mail Address		Work phone	
			()	
Others living in home over 18 yrs of age.				
Name:			DOB:	
Name:			DOB:	
Name:			DOB:	

HOUSEHOLD INFORMATION

I live in a : house apartment mobile home condo other: _____

Number of Adults in household: _____

Number of Children in household _____ ages: _____

Do ALL of the adults in the household consent to this adoption? _____ yes _____ no

Are you or your spouse a student? _____ yes _____ no

Do you or your spouse travel frequently? _____

If yes how often? _____

Does anyone living in the house have allergies to : Cats? _____ yes _____ no Dogs? _____ yes _____ no

Does anyone living in your house have asthma? _____ yes _____ no

Do you have a fenced yard? _____ yes _____ no

How long at current address? _____ years _____ months

Do you own your home? _____ yes _____ no

Do you plan to move in the next 12 months? _____ yes _____ no

If yes, where: _____

Are you aware of heartworm disease? _____ yes _____ no

IF YOU RENT

How much is the pet deposit? \$_____ per pet or per household? _____

Size/Weight limit? __yes __no Limit: _____

Name of Apartment Complex or Landlord _____

() _____
Phone Number

Address _____

PET ARE YOU INTERESTED IN

Name _____

How did you find out about L.A.P. or this Pet? _____

Why do you want to adopt a pet? (Please circle all that apply)

Companion for child

Protection

Gift

Companion for other pet

House pet

Other

If other, please explain: _____

Do you have any preferences as to breed, age, sex, length of hair, etc.?

Please specify: _____

Can you afford to properly care for this pet during its lifetime (possibly up to **15 years**)? _____

Where will it spend most of its time? Indoors _____ Outdoors _____

Where will it sleep? _____

If any behavioral issues develop, are you willing to call us for help and work with the pet? _____

When traveling, what are your plans for your pet(s)? _____

If you move or relocate, what are your plans for your pet(s)? _____

Will you crate a dog while away from home or as part of training? _____

Have you housetrained a dog before? _____

Will you de-claw your cat? _____ Where will you keep the litter box? _____

Do you have someone that could care for this animal, if suddenly you were in a situation where you couldn't? _____

PET OWNERSHIP HISTORY

Have you ever adopted from a humane group or shelter? __ yes __no If yes, who did you adopt from: _____ When? _____

Have any pets in your household been diagnosed with infectious diseases in the last 6 months? __yes __no If so, what disease/condition? _____

What heartworm preventative do you use? _____

Flea preventative? _____

Ever surrendered a pet? _____ If so, to whom, when and why? _____

Name of your veterinarian or clinic: _____
and phone number _____

Total number of pets currently owned: _____ dogs _____ cat _____ other _____

Total number of pets NOT currently owned, but owned within the last five years:
_____ dogs _____ cats _____ others _____

LIST ALL PETS CURRENTLY OWNED OR OWNED WITHIN THE LAST FIVE YEARS:

1. Name _____ dog ___ cat ___ male ___ female
Breed: _____ Was it spayed/neutered? ___yes ___no
Age: _____ Length of ownership: _____
If the pet was a cat, was it declawed? ___yes ___no
Current on vaccinations, heartworm and flea preventative? _____
Tested for Feline Leukemia _____ (positive/negative) _____
Do you own the pet now? ___yes ___no If no, what happened to it? _____

2. Name _____ dog ___ cat ___ male ___ female
Breed: _____ Was it spayed/neutered? ___yes ___no
Age: _____ Length of ownership: _____
If the pet was a cat, was it declawed? ___yes ___no
Current on vaccinations, heartworm and flea preventative? _____
Tested for Feline Leukemia _____ (positive/negative) _____
Do you own the pet now? ___yes ___no If no, what happened to it? _____

3. Name _____ dog ___ cat ___ male ___ female
Breed: _____ Was it spayed/neutered? ___yes ___no
Age: _____ Length of ownership: _____
If the pet was a cat, was it declawed? ___yes ___no
Current on vaccinations, heartworm and flea preventative? _____
Tested for Feline Leukemia _____ (positive/negative) _____
Do you own the pet now? ___yes ___no If no, what happened to it? _____

4. Name _____ dog ___ cat ___ male ___ female
Breed: _____ Was it spayed/neutered? ___yes ___no
Age: _____ Length of ownership: _____
If the pet was a cat, was it declawed? ___yes ___no
Current on vaccinations, heartworm and flea preventative? _____
Tested for Feline Leukemia _____ (positive/negative) _____
Do you own the pet now? ___yes ___no If no, what happened to it? _____

5. Name _____ dog ___ cat ___ male ___ female
Breed: _____ Was it spayed/neutered? ___yes ___no
Age: _____ Length of ownership: _____
If the pet was a cat, was it declawed? ___yes ___no
Current on vaccinations, heartworm and flea preventative? _____
Tested for Feline Leukemia _____ (positive/negative) _____
Do you own the pet now? ___yes ___no If no, what happened to it? _____

I confirm that all the information in this application is correct and complete to the best of my knowledge.

Signature _____ Date: _____

**League of Animal Protectors
972-835-6006
Fax 972-429-1425
P.O. Box 940970
Plano, TX 75094-0970
www.LapRescue.org
LapRescue@gmail.com**