

Beaumont Animal Services ADOPTION APPLICATION

Our goal is to place pets in permanent, loving homes. Please complete this application so we can assist you in finding a compatible companion to join your family. We do not adopt dogs or cats on a "first come, first served" basis, but rather make every attempt to match families with the most compatible pets. We reserve the right to decline any application.

NAME: _____

Name/System # of animal in which you are interested: _____ Date: _____

Release for Veterinary Reference: (to be completed by potential adopter)

I, _____, hereby give permission for any veterinarian providing service to me to release medical information on any/all of my animals to Beaumont Animal Services.

(signature)

My current veterinarian is _____ and can be reached at (_____) _____

Driver's License # _____ Date of Birth: _____ Email: _____

Address (include City and Zip Code) _____

Home phone (_____) _____ Work phone (_____) _____ Cell phone (_____) _____

Employer _____ What are your hours? _____

How long would the pet be left alone? _____ Where would the pet stay? _____

If outside, will pet be tethered? _____ If yes, how many hours per day? _____

What type of shelter will the pet have? _____

Have you housetrained an animal before? _____ If so, describe how you accomplished this _____

Do you have a fenced yard? _____ How would you exercise the pet? _____

Where would the pet sleep? _____

Does **every** adult in the household agree on owning this pet? _____

Do you have children/grandchildren? _____ What ages? _____

Do you own or rent? _____ House or apartment? _____ If renting, does your lease allow pets? _____

Pet deposit? _____ (We will need confirmation of payment of any required pet deposit.)

Rental manager's name and phone number _____

Are you willing/able to provide veterinary care for this animal? _____ Monthly heartworm and Flea & tick prevention? _____

Have you ever given up animal(s)? _____ If so, why? _____

What did you do with the animal(s)? _____

PET OWNERSHIP HISTORY

Do you or did you have other pets? If so, please complete the following section.

Name _____ Dog or cat? _____

Breed _____ Male or Female? _____ Spayed/neutered? _____

Age of pet _____ Length of ownership _____

Heartworm preventative? _____ What kind of Heartworm preventative? _____ When last given? _____

Where did the pet stay while you were away or at work? _____

What happened to this pet? _____

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____ Approved _____ Declined Employee Signature _____