PET ADOPTION APPLICATION

Saving Shelter Strays, Inc.
savingshelterstrays@gmail.com

Name:_____

Address:_____

City:_____State:_____Zip:_____

Home Phone:_____ Cell Phone:_____

Email Address: _____

1. Name of pet you are applying for: _____

2. Do you want this pet for: COMPANION PROTECTION GIFT
   OTHER_____

3 This pet will be without human companionship for about _____ hours per day, _____days per week.

4. Where will your pet be kept during the day? (circle all that apply)
   INDOORS OUTDOORS DOG PEN CRATE BASEMENT GARAGE
   OTHER_____

   During the night? INDOORS OUTDOORS DOG PEN CRATE BASEMENT GARAGE OTHER_____

5. Where do you live? HOUSE / APARTMENT /TOWNHOUSE OTHER_____
   _____I RENT _____I OWN _____WITH MY PARENTS

   Landlord's name:_____Phone:_____

6. Does your landlord allow pets? YES NO DON'T KNOW
   Deposit required?_____ Monthly rent increase?_____

7. Do you have a fenced yard? YES NO
   If fenced, please describe the height and type:_____

8. Please provide the following information about your household:
   Number of adults:_____
   Number of children:_____Ages:_____

9. What will you do with your pets if you move in the future:_____
_____

10. How much do you anticipate spending yearly to feed, vaccinate, license and provide medical care for your pet?_____

11. Have you ever given a pet up? Why? _____

12. What type(s) of pets do you own or have owned in the last 10 years?

Name	Type/Breed	Kept Where	Age	Neutered	Sex	Still Own?
				YES NO		YES NO
				YES NO		YES NO
				YES NO		YES NO

13. Who is (was) your veterinarian for the above animals?
Name:_____
Address:_____
Phone:_____

14. Who is the veterinarian that you plan to use for your new pet?
Name:_____
Address:_____
Phone:_____

15. Do you realize that a dog or cat may live 15 or more years? YES NO

16. It may take your new pet two or more months to adjust to its new home, especially if other pets are involved. Are you prepared to allow this much time? YES NO

17. How do you plan to exercise your dog?
_____

_____

18. How do you plan to house train your dog?_____
_____

By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of the facts may result in my losing privilege of adopting a pet from Saving Shelter Strays, Inc. I authorize investigation of all statements on this application.

Signature:_____Date:_____

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