



Countryside Veterinary Clinic, Ltd.

## Adoption Application

This application was created in an attempt to ensure the best compatibility between a prospective owner and a new pet. We want both animal and owner to be happy in this arrangement, so we have created this extra step to ensure that the needs and wants of both are met. Please take the time to fill this out. Some information applies more to dogs and some more to cats, so if something does not apply simply put N/A. Adoptions can be refused at the discretion of the Countryside Veterinary Clinic staff at any time.

### New Owner Information:

Name - First: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_

Do you live in a:  House  Apartment  Condo  Mobile Home  Other

If renting: are pets allowed? \_\_\_\_\_ deposit required? \_\_\_\_\_ weight limit? \_\_\_\_\_

Do you have a yard? \_\_\_\_\_ Is it fenced? \_\_\_\_\_ If not, how will you keep your pet at home? \_\_\_\_\_

Where will this pet be kept? (mark all that apply)

House  Garage  Basement  Outdoors  Outdoor Kennel  Crate  Other

Please mark the appropriate box:  Married  Single  Roommates

Do you have children? \_\_\_\_\_ Have they been exposed to animals before? \_\_\_\_\_

Children's ages: \_\_\_\_\_

Do you or anyone in your household have allergies toward animals? \_\_\_\_\_

The reason I want this pet is because ... \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is this pet a gift? \_\_\_\_\_ If yes, who is the gift for? \_\_\_\_\_

Who will be responsible for the care and well being of this animal? \_\_\_\_\_

How many hours a day will the pet be left alone? \_\_\_\_\_

While you are away, do you plan on crating this animal? \_\_\_\_\_

Will you provide annual medical treatment/checkups? \_\_\_\_\_

If you currently have any other pets please list them. \_\_\_\_\_

Are your other pets vaccinated? \_\_\_\_\_ Are they spayed or neutered? \_\_\_\_\_

Name of Veterinarian: \_\_\_\_\_

Veterinarian's phone number: \_\_\_\_\_

How many pets have you had in the last five years? \_\_\_\_\_

Were any lost? \_\_\_\_\_ put to sleep? \_\_\_\_\_ hit by a car? \_\_\_\_\_ given up? \_\_\_\_\_

If you have any dogs, are they currently wearing rabies tags? \_\_\_\_\_

Are you prepared for chewing, digging, scratching, house training/litter box training, accidents and other misc.? \_\_\_\_\_

How long do you plan to have this animal? \_\_\_\_\_

Are you willing to wait twenty-four hours to have this application approved? \_\_\_\_\_

***Remember...***

- Animals (mainly dogs), in many cases, will leave here with little or no training. You must be ready for chewing, digging, housebreaking, jumping, litter box accidents and other miscellaneous happenings.
- Animals in new homes need some time to adjust to their new surroundings.
- Animals adopted from Countryside Veterinary Clinic must be brought back to us if the adoption does not work out as planned.
- Animals must be brought back for annual vaccinations and a wellness exam.
- We are here to answer any questions that you may have. If you are having difficulties adjusting your new pet to your home, please do not hesitate to call us.

I certify that the information provided is correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date