Please complete all the information on the following pages.

What dog/puppy are you applying for? _____

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____

Employer: _____

Address: _____

Work Phone #: _____ how long employed here? _____

List two references with name, relationship, phone number. Do not list family members.

Reference 1: _____

Reference 2: _____

1. Is this your first experience with a companion animal? yes I no

2. Do you have other animals at home? yes I no   If yes:

Species:	Male/Female	Age:	Altered:	Vaccinated:	Lives:
dog I cat I other	_____	_____	yes I no	yes I no	in I out
dog I cat I other	_____	_____	yes I no	yes I no	in I out
dog I cat I other	_____	_____	yes I no	yes I no	in I out
dog I cat I other	_____	_____	yes I no	yes I no	in I out

3. If you don't have animals now, have you had any in the past?   yes I no

4. If yes, was it a cat, dog, or other animal? _____
   a. How long did you have your last animal? _____
   b. What happened to your last animal? _____

5. Have you ever suffered the loss of a companion animal? Yes/No.   If yes, please explain the circumstances of the death(s): _____
_____

6. Who is/was your veterinarian? How long? _____
_____

Please turn and complete the following page

7. How long have you resided at your present address? _____

8. Where do you currently live?   house I apartment I other

9. Do you own or rent? (circle one) If rent, does your lease allow animals?   yes I no

    Landlord's name: _____ Phone: _____

10. How many people live in your household? _____ Do all the adults know you plan to adopt? Yes / No

11. If there are children in the household, please list ages: _____

12. Does anyone in your household have any known allergies to animals?   yes I no

13. Where will this animal be kept during the day? _____ night? _____

14. Is anyone home all day'? yes I no   If no, how long will the animal be alone within a 24 hour period? _____

    where will the animal be kept when alone? _____

15. Are you financially prepared to give this animal routine and emergency medical care?   yes I no

16. Would you object to a visit or call from us to see how you and your new family member are doing? yes I no

17. In the event you become ill, who will be responsible for the care of your animal(s)?

    _____

18. Why do you want to adopt a dog/puppy? (circle all the apply)   companion for myself/family   gift for

    someone else   mouser   to breed   companion for another animal   other:

    _____

19. Will the dog/puppy be allowed outdoors?   yes I no

20. Do you plan to debark the dog/puppy? yes I no

21. What will you do if the dog/puppy claws/chews furniture or shows other destructive behavior?

    _____

22. Are you familiar with nail clipping?   yes I no

23. Do you need an explanation of how to introduce a new dog/puppy to your current animal(s)?   yes I no

24. Are you familiar with feeding recommendations for a dog/puppy?   yes I no

By signing below, you certify that you understand the following:

1. The information in this application is accurate and not misleading in any way.

2. It is the right of Coronado Veterinary Hospital/Coronado CARES to refuse adoption to anyone.

3. It is the right of Coronado Veterinary Hospital/Coronado CARES to contact individuals on this application.

Signature: _____ Date: _____

Please give careful consideration to adopting an animal.
Animals are not toys or short term commitments. Make sure your lifestyle allows
the time, patience and expense this animal will need over the years.

_____

Animal name (S): _____

Breed: _____

Color: _____

Age/DOB: _____

Vaccines given w/date: _____

_____

_____

_____

FeLV/FIV Test: yes ___no___ date and result: _____

Spayed/neutered: yes ___ no ___ date: _____

Reference checks: _____

_____

Donation: yes ___ no ___ method: _____

OFFICE NOTES: