

## Pals Animal Rescue, Inc. Adoption Application

Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home ph. \_\_\_\_\_ Work Ph. \_\_\_\_\_ Employment \_\_\_\_\_ Cell \_\_\_\_\_  
 Have you ever filled out an application with us before \_\_\_\_\_ Referred by: \_\_\_\_\_

Who will pet be for \_\_\_\_\_ If for someone else, who \_\_\_\_\_ relation \_\_\_\_\_  
 Other adults in home \_\_\_\_\_ Does anyone have allergies in home \_\_\_\_\_  
 Ages of children/grandchildren living/visiting \_\_\_\_\_

Do you live in: Apt.  Duplex  Mobile home  House  Other  \_\_\_\_\_  
 Do you: Own  Rent  If rent, name of Land Lord \_\_\_\_\_ Phone \_\_\_\_\_  
 Do you have a yard \_\_\_\_\_ Is it fenced \_\_\_\_\_ Type of fencing \_\_\_\_\_  
 Do you have a dog run \_\_\_\_\_ Size \_\_\_\_\_ Do you have a swimming pool \_\_\_\_\_

What is the reason you want to adopt a dog \_\_\_\_\_  
 Where will dog be during daytime \_\_\_\_\_ At night \_\_\_\_\_ How long by itself \_\_\_\_\_  
 What type of dog do you want: \_\_\_\_\_

### PLEASE LIST PRESENT PETS

Name/Type	M/F	Spay/Neuter	Age	Where kept	How long owned

### PLEASE LIST PAST PETS

Name/Type	M/F	Spay/Neuter	Age	What happened to pet	When	How long owned	Where kept

Who is your veterinarian? \_\_\_\_\_ For how long \_\_\_\_\_ On what pet \_\_\_\_\_  
 Vets phone # \_\_\_\_\_ Are your dogs groomed \_\_\_\_\_ By whom \_\_\_\_\_ How often \_\_\_\_\_  
 Are your pets up to date on vaccinations \_\_\_\_\_ On heart worm preventative year round \_\_\_\_\_ Kind \_\_\_\_\_

**The information contained within this application is true and correct to the best of my knowledge. I give my permission for a Pals representative to review my vet care with my veterinarian.**

Dogs interested in

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_