AFFORDABLE VET CARE, P.C
1906 E 8th Street
Trenton, MO 64683
660-359-7808
affordablevetcare.trenton@gmail.com

Pet Adoption Application Form

Contact Information

Full Name: _____

Occupation: _____

Address: _____

How long at this address: _____

Daytime Phone: _____

Evening Phone: _____

Best time to call: _____

Email Address: _____

Family & Housing

How many adults are there in your family (their relationship to you)?

_____

How many children (ages)?

_____

What type of home do you live in: single family, town home, apartment, farm, etc?

_____

Please describe your household: ☐ Active ☐ Noisy ☐ Quiet ☐ Average

If you rent, please give the rules governing pets and the landlord's name and number:

_____

(by providing this information you are allowing us to contact your landlord please inform them of this call so they will speak with us).

Does anyone in the family have a known allergy to cats/dogs? _____

Is everyone in agreement with the decision to adopt a dog/cat? _____

Do you have time to provide adequate love and attention? _____

Other Pets

What other pets do you have (specify type and number)? _____

_____

Are these pets up to date on vaccines? _____

Are these pets spayed/neutered? If not…why? _____

_____

Have you ever surrendered a pet? If so, why? _____

_____

Have you ever had a pet euthanized? If so, why? _____

_____

Have you ever lost a pet to an accident? _____

_____

How do you discipline your pets and why? _____

_____

Veterinarian

Do you have a regular Veterinarian? ☐ Yes ☐ No

Veterinarian's name _____

Clinic name: _____

Clinic address: _____

Clinic phone: _____

(Providing this information, you are allowing a verification call to your vet. Please call your vet and ask them to authorize the release of information.)

About the Pet You Wish to Adopt

Where will the pet spend the day? (describe) _____

_____

Where will the pet spend the night? (describe) _____

_____

Number of hours (average) pet will spend alone? _____

Who will have primary responsibility for this pet's daily care? _____

Who will have financial responsibility for this pet? _____

Do you agree to provide regular health care by a Licensed Veterinarian? ☐ Yes ☐ No

Do you agree to keep the pet as an indoor pet? ☐ Yes ☐ No

When the pet goes out, how do you plan to supervise it? Fenced yard? _____

_____

Do you agree to contact us if you can no longer keep this pet? ☐ Yes ☐ No

Are you willing to let a representative visit your home by appointment? ☐ Yes ☐ No

Would you be interested in fostering? ☐ Yes ☐ No ☐ Would like to know more

Personal References

Please list someone who is familiar with both you and your pets.

Name: _____
Address: _____
Phone: _____
Relationship (relative, neighbor, friend, etc): _____

Name: _____
Address: _____
Phone: _____
Relationship (relative, neighbor, friend, etc): _____

All of the information I have given is true and complete. This dog will reside in my home as a pet. I will provide it with quality dog food, plenty of fresh water, indoor shelter, affection, annual physical examination and vaccinations under the supervision of a licensed Veterinarian.

_____ _____

Signature Date