



Name of Pet Interested in Adopting: _____

Please answer all questions fully to help avoid delays in processing your adoption form.

Name: _____ Date of Birth: _____

Address: _____ City, State, ZIP: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Work Phone: _____

Place of Employment: _____ Occupation/Title: _____

Do You Own Your Own Home? _____ Is Your Name on the Home's Deed? _____

Type of Residence: House Condo/Apartment Mobile Home Student/Military Housing

How Long Have You Resided at Present Address? _____ Years _____ Months

How Many Times Have You Moved in the Last Five Years? _____

List All People Living in Your Home & Their Ages: _____

Are All Members of Your Home Aware of Your Plans to Adopt This Dog or Cat? _____

Has Anyone in Your Home Been Told They Are Allergic to Dogs or Cats? _____

Complete this section if you rent (if not applicable, please skip)

Landlord's Name & Phone Number: _____

Does Your Apartment/Condo Association Allow Pets? _____ How Much is the Pet Deposit? \$ _____

CURRENT PET(S) HISTORY

Pet's Name	Type/Breed	Age	Sex	Spay/Neutered?	Was Cat Declawed?	Time Owned

Do any of your current pets have health or behavioral issues? If so, please list: _____

PREVIOUS PET(S) HISTORY (any pets you have had in the past, that are no longer residing with you for ANY reason)

Pet's Name	Type/Breed	Age	Sex	Spay/Neutered?	Was Cat Declawed?	Time Owned	Reason You No Longer Own/Date Deceased?

Have you ever surrendered an animal to a shelter in the past? If yes, why? _____

Please turn over and complete all fields on side two

VETERINARIAN INFORMATION

Who is your Veterinarian?

Veterinarian's Phone #:

How long have you been a client?

If at your current Veterinarian for less than five years, who was your previous Veterinarian?

Has your cat(s) been tested for Feline Leukemia/Aids virus? Yes No When? Result?

Do you plan on declawing this cat/kitten?

Do you plan to keep this pet indoors?

What BRAND of foods do you feed your pets (list Cat & Dog food separately)?

Are you willing and able to pay an average of \$250.00 per year for basic veterinary care?

Should your pet become injured or ill, how much are you prepared to spend?

How long will the pet be alone every day?

Who will care for this pet if/when you go out of town?

Do you agree to a home visit and understand it might be required prior to adoption?

Please read and agree by checking the following carefully:

_____ I/we will return the pet(s) to PHPT&R *regardless of reason* without expectation of a refund

_____ I/we will advise PHPT&R of any address or phone number changes during the life of the pet(s)

_____ Cats: I/we will not declaw this cat/kitten and will promise to keep this cat/kitten as an indoor only companion pet

_____ I/we will notify PHPT&R if the pet becomes seriously ill or a decision is made to euthanize

Please list the name & phone number of a person who will always be in contact with you (*besides yourself*).

Name

Relationship to You

Phone Number

I am donating an adoption fee to PAWSITIVE HEARTS PET THERAPY AND RESCUE, INC. ("PHPT&R") to help defray partial costs involved in the vetting of this dog/puppy/cat/kitten.

I/we the undersigned adopting party, realize that PHPT&R can make no warranty or representation as to the continued good health and disposition of this animal and, from this date forward, I/we assume all expenses in connection with the maintenance and health of this animal. I/we acknowledge all future veterinary bills are solely the responsibility of the pet owner. Further, I/we understand that PHPT&R will have the right to ascertain that the conditions of this agreement are being complied with on a continuing basis. We may do this through home visits (we will call first for a convenient time) and by phone calls to verify vet check ups for ongoing care of this pet. If I/we violate any of the above terms, PHPT&R will have the right to immediately reclaim the animal.

I understand the spirit of this contract is for the protection of this dog/puppy/cat/kitten, and I will take care of it to the best of my ability. I understand and agree to pay any and all expenses, including court costs and reasonable attorney fees, necessary to enforce this contract.

My signature below shows that I/We are in agreement with the above terms:

Signature:

Driver's License #:

Date:

Pawsitive Hearts Pet Therapy and Rescue, inc.

www.pawsitiveheartspa.org

Office Use Only

DOG/PUPPY:	Color: _____	Age: _____	Gender: M F	Breed: _____
CAT/KITTEN:	Color: _____	Age: _____	Gender: M F	Breed: _____
Application Date: _____	Adoption Fee \$ _____	Check #: _____	Cash	PayPal
Send Vet Records? Yes No	IPad? Yes No	Adoption Processed by: _____		