



NEWTOWN VETERINARY HOSPITAL., LLC
PET ADOPTION APPLICATION

PLEASE UNDERSTAND THAT FILLING OUT THIS APPLICATION DOES NOT GUARANTEE YOU THE ANIMAL YOU ARE INTERESTED IN. IT WILL HELP GUIDE US IN FINDING THE RIGHT MATCH FOR YOU IF YOU ARE APPROVED

Name:

Date:

Address:

Email Address:

Daytime Phone:

Evening Phone:

Cell Phone:

Do you live in a house or an apartment?

Do you own or rent your home?

If you rent, please list the name and phone number of your landlord:

How many adults are in your household? Are they aware you are adopting?

Are there any children in your home? How many?

1	How old?	<input type="text"/>	Name	<input type="text"/>
2	How old?	<input type="text"/>	Name	<input type="text"/>
3	How old?	<input type="text"/>	Name	<input type="text"/>
4	How old?	<input type="text"/>	Name	<input type="text"/>

Does anyone have allergies to cats and/or dogs?

Please list the current animals in your home:

1	Age:	<input type="text"/>	Type:	<input type="text"/>
2	Age:	<input type="text"/>	Type:	<input type="text"/>
3	Age:	<input type="text"/>	Type:	<input type="text"/>
4	Age:	<input type="text"/>	Type:	<input type="text"/>

Have you ever given up a pet before?

If Yes, please describe why?

Please provide us with your current veterinarian's name and address:

Will your pet be an indoor only pet?

If no, please explain:

If adopting a dog:

Please list how many hours it will be alone:

Do you have a fenced in yard?

Will you enroll your dog in obedience training?

How will you exercise your dog?

Are you aware that any dog you may adopt may bark, dig, mount people's legs, and have accidents in the home?

If adopting a cat:

Do you plan on de-clawing your cat?

If yes, please explain why?

Please understand that we do not usually adopt out cats that will be eventually declawed.

If your cat is clawing at furniture or being destructive in other ways such as

Are you aware that it usually costs between \$250 and \$750 per year to feed, house, train and provide veterinary care for a pet?

Are you aware that any animal you adopt from us will be a companion animal only? That you will not sell, give away or use this animal for experimental purposes, allow it to engage in dog fighting or train it to be an attack/guard dog?

Name of Animal you are interested in adopting:

Please read and sign below if you agree to our adoption mission and agreement:

To provide proper and adequate food, water, housing, exercise, grooming and humane treatment at all times. To provide veterinary care such as annual vaccinations, preventative heartworm medications as appropriate, and such veterinary medical care as is necessary to prevent and/or treat accidents and illnesses. To obey local licensing and animal confinement laws.

If not performed already, to agree to having it spayed/neutered before taking home. If the pet is too young to be spayed/neutered, you will have 2 months from adopting pet to schedule.

That you have been informed that all animals can from time to time, carry and transmit diseases, some of which effect people, including bacteria, viruses, parasites, and fungal diseases and that these diseases may be undetectable in what appears to be a healthy animal at the time of adoption. That Newtown Veterinary Hospital is not responsible for any medical conditions not readily detected or detectable prior to or at the time of this adoption or discovered after such adoption.

If you are unable to keep this animal for any reason, that you agree to return he/she back to Newtown Veterinary Hospital to assess.

I acknowledge that I have read this agreement and hereby release Newtown Veterinary Hospital from any present or future liability associated with my adoption of this animal.

I agree to adopt the above mentioned animal as of _____ (date)

For NVH Staff:

Name and Breed of adopted animal

Age:

Color:

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Weight:

Microchip Number:

Male or Female:

M - F

Spayed
/Neutered?

Vaccination History:

Deworming History: