

Veterinary Information	
Clinic name:	
Doctor(s):	Phone #:
Which owner are records listed under:	
Date of last vet visit:	
Please list what kind of routine veterinary care you plan to provide for your dog (including flea control, shots, etc.):	
Do you have a different vet in mind for your new pet? YES () NO() If yes, who:	

Residence Information	
Do you own or rent your residence? RENT () OWN ()	Where will the dog be kept? INDOORS () OUTDOORS () BOTH()
What is your residence? House () Townhouse () Duplex () Condo () Apartment () Other () If Other, Please Explain:	If rent, name of landlord and phone number? Are pets allowed? YES () NO () NOT SURE () Is there an additional charge for pets? YES() NO() NOT SURE()

Household Information	
What will you do with the dog when you travel?	When you are home, where will the dog be kept?
Will anyone be home during the day? YES() NO()	How many hours will the dog be left unattended?
When no one is home, where will the dog be kept?	Does any member of the family have any allergies to animals? YES () NO()
How many adults currently reside in your household?	Any children in the household? YES() NO() Ages:

I attest that all of the above information is true to the best of my ability. I give permission for the adopter to contact anyone on this form. I agree to abide by all of my City Ordinances in relation to this animal.

Initial