



Randolph Animal Pound

Pet Adoption Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: () - _____ Email Address _____

What kind of pet would you like to adopt?				
Dog <input type="checkbox"/>	Puppy <input type="checkbox"/>	Cat <input type="checkbox"/>	Kitten <input type="checkbox"/>	Other _____
Describe any specific breed/type you are looking for?				
Reason(s) for adopting – Check all that apply:	Family Pet <input type="checkbox"/>	Watch-Dog <input type="checkbox"/>	Hunting Dog <input type="checkbox"/>	Child's Pet <input type="checkbox"/>
	Companion for Yourself <input type="checkbox"/>	Companion for Another Pet <input type="checkbox"/>	Gift for Someone <input type="checkbox"/>	Other <input type="checkbox"/>
If "Gift" or "Other" Please Explain:				
What arrangements will you make for the care of your pet if you will be away for an extended period such as a vacation?				
Are there behaviors or habits that you will not tolerate from your pet? YES <input type="checkbox"/> NO <input type="checkbox"/>				
If "Yes" Please Explain				
How do you plan on training your pet?				
How many hours per day will the pet be left alone?				
Other than normal walks and exercise, will the pet be expected to spend a significant portion of its day outside of your home? YES <input type="checkbox"/> NO <input type="checkbox"/>				
If "Yes" Please Explain				
Will the adopted pet live at any address other than the one shown on this application? YES <input type="checkbox"/> NO <input type="checkbox"/>				
If "Yes" Please Explain				
Do you currently have other pets in your household? YES <input type="checkbox"/> NO <input type="checkbox"/>				
If "Yes" Please Describe				
Type of Pet(s) you have previously owned				
What happened to them?				

(Continued)

Household and Housing Information

In what type of housing do you reside?

Apartment <input type="checkbox"/>	Condominium <input type="checkbox"/>	Single Family Home <input type="checkbox"/>	Multi-Family Home <input type="checkbox"/>	Mobile Home <input type="checkbox"/>
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Do You? Own Rent

If you rent, you will need to provide a copy of your rental agreement or lease

Do you have a fenced-in yard? YES NO

Household Makeup	Number of Adults _____	Number of Children _____	Number of Seniors _____
	Ages of Children – _____		

Are any household members allergic to pets? YES NO

If "Yes" Please Explain how this will be addressed

Veterinary Information and References

Please provide information on your current and/or former veterinarian(s)

Name: _____ Phone: () - _____

Address: _____

Years Known: _____

Name: _____ Phone: () - _____

Address: _____

Years Known: _____

Most animals have unknown medical backgrounds. Are you prepared to take your new pet for a complete veterinary exam at time of adoption and to provide medical treatment if necessary?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Do you plan on providing ongoing regular veterinary care for your new pet?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If the answer to either question is "No" Please Explain	
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Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to an adoption, I understand that false or misleading information in my application may result in potential legal action against me.

Signature: _____ Date: _____

"Thank you for making adoption your first choice"