

Adoption Application

WELCOME to New Life Pet Adoption Center. The following information is requested so that your adoption counselor can assist you in the selection of a new pet. The consultation process is designed to help us determine if the adoption is in the animal's best interest, and to assist you in finding an animal most compatible with your lifestyle.

IN ORDER TO BE CONSIDERED AS AN ADOPTER YOU MUST:

- Be 18 years of age or older
- Show identification with your present address
- Show written consent of your landlord if renting housing
- Be able and willing to spend the time and money necessary to provide training, medical treatment, and proper care for a pet.

Name: _____

Address: _____

City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____

E-mail address _____

1. What kind of pet are you looking for? (Dog, Cat, Other; Young or adult)

2. Is this your first experience with a pet? Yes _____ No _____

3. Why do you want to adopt a pet?

4. Do you own any pets at the present time? Yes _____ No _____

a. If so, please list below:

Name	Breed/Species	Age	Altered
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b. Do any of your pets have an infectious disease now, or have they in the recent past? Yes _____ No _____

5. How many dogs or cats have you owned in the past five years?

a. Dogs _____ Cats _____

b. What happened to those pets (be specific – include name, species, breed, ages: were they altered?)

6. Who is your veterinarian or animal hospital _____

a. Phone number _____

7. Do you currently live in a house _____ Apartment _____ Mobile home _____
- Do you own or rent? _____
 - If you rent, does your lease allow pets? Yes _____ No _____
 - What is your landlords name and phone number?

 - If you rent, you must supply written proof that pets are allowed (such as a copy of the lease stating pets are ok or a written letter from your landlord)
8. How long have you lived at the above address? _____
- If less than 3 years, please list addresses for last 3 years.

9. How many people live in your household? _____
- Do all the adults know that you plan to adopt? Yes _____ No _____
 - If there are children in the household, what are their ages? _____

10. Do you have a yard? Yes _____ No _____
- Is it or a portion of it fenced? Yes _____ No _____
11. What are the hours someone is able to be home with the pet?

12. What is the shortest and longest amount of time you expect the pet will be alone?

13. Where will the pet be kept?
- During the day _____
 - During the night _____
14. Does anyone in your family suffer from allergies? _____
15. Have you adopted from New Life Pet Adoption Center before? _____
16. Please provide two references:
- Reference 1
 - Name _____
Address _____
City _____ State _____ Zip _____
Day Phone _____ Evening Phone _____
 - Reference 2
 - Name _____
Address _____
City _____ State _____ Zip _____
Day Phone _____ Evening Phone _____

I certify that the information provided on this form is true and correct. I am also financially able to care for this animal. I understand that proper food and veterinary care will be costly and am able to meet these requirements. I understand that in some cases, a

home check may be mandatory prior to your adoption. I understand that any false statements constitute grounds for confiscation and surrender of the animal to NLPAC. I further understand and agree that NLPAC may demand return of the animal for any violation of the terms of the adoption contract and agreement.

Signature _____ Date: _____
New Life Pet Adoption Center reserves the right to refuse any adoption.

FOR STAFF ONLY:

Approval: _____ Refused: _____ comments: _____