

Pet Adoption Application

San Antonio Animal Hospital
P.O. Box 237, 32347 State Rd. 52
San Antonio, FL 33576

To help ensure the best possible placement of our rescued animals, and in order to determine that the proposed adoption is in the best interest of the animal, you and your family, please complete each of the following questions. Please be as thorough as possible.

San Antonio Animal Hospital has the right to refuse adoption to any application.

Type of Animal You Wish to Adopt: _____

Your Name: _____ Spouse: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell: _____

Place of Employment: _____

Name of Personal Reference: _____

Relationship: _____ Phone Number: _____

Household Information:

1. Where do you live? House ___ Apartment ___ Condo ___ Mobile Home ___

2. Do you: Own ___ Rent ___

3. If you rent, are pets allowed? Yes ___ No ___

- Landlords Name: _____ Phone: _____
- Can you get written permission from you landlord to have a pet? _____
- Does you landlord require a security deposit? Yes ___ No ___

4. Length of time at current residence? Less than 1 year ___

Previous Address: _____

1-3 years ___ 3-5 years ___ 5+ years ___

5. If you are planning on adopting a dog, do you have a fenced yard? Yes ___ No ___
What type of fence (chain link, wooden, etc.)? _____

If you do not have a fenced yard, what arrangements do you plan to make for exercise and potty breaks? _____

6. Number of adults in home: _____

7. Number of children in home: _____ Age of children: _____

8. Do you have a swimming pool? Yes ___ No ___
9. Have allergies to animals been a problem to any household member? Yes ___ No ___
10. Are all family members aware that you are considering adoption a pet? Yes ___ No ___
Do they all approve? Yes ___ No ___

Pet History:

1. Do you own other pets? Yes ___ No ___ Total Number of animals: _____
If yes please complete information below.

Animal 1:

Name: _____ Type/Breed: _____ Sex: ___ Age ___
Spayed/Neutered? Yes ___ No ___ Length of Ownership _____

Animal 2:

Name: _____ Type/Breed: _____ Sex: ___ Age ___
Spayed/Neutered? Yes ___ No ___ Length of Ownership _____

Animal 3:

Name: _____ Type/Breed: _____ Sex: ___ Age ___
Spayed/Neutered? Yes ___ No ___ Length of Ownership _____

Are they current on their vaccination? Yes ___ No ___

Are they on heartworm preventative? Yes ___ No ___

Do your cats go outside? Yes ___ No ___

2. Have you had other pets in the last five years? _____
What happened to them? _____
3. Have you ever given a pet up for adoption? Yes ___ No ___
If yes, please explain the circumstances: _____

4. Have you even adopted from San Antonio Animal Hospital before? _____

Pet Information:

1. Will there be someone with your pet during the day? Yes ___ No ___
2. What is the greatest number of hours the pet will spend alone daily/nightly? _____
3. Where will the pet spend most of its time?
Crate ___ Indoors ___ Outdoors ___ Garage ___ Basement ___ Run ___
4. Where will your new pets main sleeping quarters be?
Crate ___ Pet Bed ___ Share bed with owner ___ Designated Room ___
Outdoors ___ Garage ___
5. If there someone home at night? Yes ___ No ___
6. Do you plan to travel with your pet? Yes ___ No ___

7. If not, where will you pet stay while you're away?
Family or Friend _____ Kenneled _____ In home pet-sitting _____
8. Have you ever taken a dog to obedience class? Yes _____ No _____
9. Have you ever crate trained a dog? Yes _____ No _____

Desired Animal:

1. What type of animal are you looking for? _____
2. What sex animal are you looking for? Male _____ Female _____ No Preference _____
3. What age animal are you looking for? _____
4. Would you accept an animal that has a treatable medical condition? Yes _____ No _____
5. Why do you wish to adopt this type of animal? _____
6. If interested in a cat, are you planning to declaw him/her? _____
7. If interested in a cat, are you planning to let him/her go outside? _____
8. Would you let a hospital representative do a home check? _____

Veterinarian Information:

1. Name of current veterinarian: _____
2. Name and location of animal hospital: _____
3. How much do you think this pet will cost you each year (please include food, heartworm preventative, flea control, medical and dental care, supplies, training, grooming, boarding costs, and toys)? _____

Pet Adoption Requirements:

1. If you adopt a cat from San Antonio Animal Hospital, you must keep him/her indoors.
2. If adoption a dog you must abide by your town's leash laws.
3. You would return the animal to us if you feel you cannot keep him/her. You must not sell or give the animal to anyone else.
4. You are responsible for providing proper shelter, food, water, exercise, medical care and humane treatment at all times for your companion animal.

I certify that the information given on this application is true and correct. If I am approved by San Antonio Animal Hospital to adopt an animal, I agree to all of the above requirements. I understand that failure to comply with any of the requirements will result in confiscation of adopted animals.

Signature of Applicant: _____ **Date:** _____