



Dog & Cat Adoption Application

<i>Save-A-Mutt Use Only.</i>	
<input type="checkbox"/> DNA _____	
<input type="checkbox"/> Home _____	
<input type="checkbox"/> Vet _____	
<input type="checkbox"/> Ref _____	<input type="checkbox"/> _____
<input type="checkbox"/> FB+ _____	
<input type="checkbox"/> Intvw _____	
<input type="checkbox"/> Pet _____	

Save-A-Mutt strives to provide **Forever Homes** for our animals. To ensure our adoptable animals find the best environment - suited to you and your lifestyle, please **completely** fill out this application. The animal's welfare is our foremost consideration. Upon receipt, we will process your application. Thank you.

Pet name (if applicable) or type interested in: _____

How did you hear about Save-A-Mutt: _____

Please list **primary** adopter and **ALL Adults** in house (including spouse/partner/roommate/child/friend/parent):

Primary - Name _____ Driver's License _____

Primary Phone # _____ Email _____

Place of Employment _____

Name _____ Driver's License _____

Primary Phone # _____ Email _____

Place of Employment _____

Relationship (check all that apply): Co-Adopter Partner/Spouse Parent Roommate Child

Name _____ Driver's License _____

Primary Phone # _____ Email _____

Place of Employment _____

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HOME - Street Address _____

City _____ State _____ Zip _____

Do you live in a: (circle one) House Apartment Other Rental

Do you: (circle one) Own Rent Live with parents, relative, or guardian?

If renting, does your landlord/rental agency allow pets? (circle one) Yes No

Landlord's Name AND Phone # _____

_____ We **will** be contacting your landlord, **please initial** to confirm you understand we will be contacting.

How long have you lived at your present address? _____

Do you anticipate moving within the next year? _____

If you move sometime in the future, what will you do with your pets? _____

Do you have children at home, how many? _____ Ages? _____

Are they used to animals? _____ Is anyone allergic to animals? _____

Do all adult members of the household know that you plan to adopt a pet? _____

For Dogs Only: (leave blank if adopting a cat)

Why do you want this animal? (Please circle one or more)

Companion	Guard Dog	Companion for Kids	Companion for other Dog/Puppy
Watch Dog	Hunting Dog	Gift/Present	Other _____

When this dog is outside, will it be: In fenced yard On leash Allowed to run loose Chained
On a trolley Other _____

If the yard is fenced, will it safely confine this dog? Yes No

Type of fence _____ Height _____

What kind of outside shelter will be provided? _____

Are you willing to enroll this dog in obedience classes? _____

What type of activities do you foresee doing with your dog? _____

Do you have other animals at home? Yes No How many? _____ - List below

Pet Name _____ Type/Breed _____ Age _____ Sex _____ Fixed? _____

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Are all your pets current on their vaccinations? (*circle one*) Yes No, If No, why _____

Name **AND** phone number your veterinarian/clinic:

_____ We **will** be contacting your veterinarian to confirm vaccine status and pet ownership.

Please initial to confirm that you authorize us contact your veterinarian and ask pre-adoption questions.

How much are you willing to spend on vet bills per year? \$ _____

Are you willing to sign your new pet on Pet Insurance? Yes No

Are you aware of the financial commitment and of owning a pet? Yes No

(*Approximately \$500 a year for food, vaccinations, licensing, etc., not including emergency medical care.*)

How many hours per day will this pet typically be left alone? (**without** human companionship) _____

Where will this pet be during the day? _____ At night? _____

Will this pet be allowed indoors? _____ Where will this pet sleep? _____

How many pets, other than the ones listed above, have you owned in the last five years - Name & Type?

What happened to them? _____

Would you allow our representative to do a home check prior to adoption? Yes No

REFERENCES

References may include family, neighbors or co-workers - Name AND **Email Address required.**

Please understand, at times we are working on a dozen plus applications and email is the easiest form of communication.

If your reference does not have an email address, please pick another reference. Thank You.

1) _____

Relationship (check all that apply): Friend Co-Worker Parent Sibling Other_____

2) _____

Relationship (check all that apply): Friend Co-Worker Parent Sibling Other_____

3) _____

Relationship (check all that apply): Friend Co-Worker Parent Sibling Other_____

By signing below, I certify that the information I have given is true and that any misrepresentation of facts may result in my losing the privilege of adopting a companion animal from Save-A-Mutt. This pet will reside in my home as a companion animal. I will provide it with adequate food, water, shelter, training, affection and medical care. I am in full agreement with these terms of adoption. Save-A-Mutt is in no way liable or responsible for any damage, accident or injury resulting from the placement of a pet in my household. **If the adoption does not work out - Adoptee will notify Save-A-Mutt for removal of the pet. DO NOT take the pet to a shelter or other rescue group.** Thank You.

Signature_____ Date_____

Save-A-Mutt reserves the right to refuse any applicant without explanation!

*** Please note, we are a 100% volunteer organization and if there are not animals currently up for adoption, applications may take some time. PLEASE let us know if you adopt elsewhere and are no longer interested in adopting a Save-A-Mutt animal. It frees up valuable time.

Save-A-Mutt Use Only.

Vet _____

Ref _____

Intvw _____