

2451 General Potter Highway Centre Hall, PA 16828 814.364.1725 info@petscomefirst.com www.petscomefirst.org

## **Adoption Application**

Please fill out this form to the best of your ability–all questions must be answered. All fields marked with an \* are required.

Type of animal*				
🗌 Cat				
□ Other:				
Name of pet you are applying fo	or*			
Date*				
Part 1: Applicant Information				
Your name*				
First	Last			
Street Address	City	State	Zip Code	
Email				
Phone: home	Phone: cell			
Type of residence:*				
House				
Apartment				
Own				
Rent				
First Street Address Email Phone: home Type of residence:* House Apartment Own	City	State	Zip Code	

## Part 2: Family and Household Information

If you rent, you must have permission from your landlord and provide a copy of your current lease.

Name of landlord

First	Last
Phone Do you have a copy of your leas □Yes	se? □_No
	is address?*
Plans to move?*	□No
Number of adults in the house	nold:*
Have all of the adults agreed to □Yes	o this adoption?* □No
Are you a student?* □Yes	□No
Year in School?	
Do you have roommates?* □Yes	□No
Do they know you would like to □Yes	o adopt? □No
Number of children in the hous	sehold:*
Ages	
Anyone allergic to animals?* □Yes	□No
Part 3: Employment Information	on
Employment status* Self-employed Employed Unemployed Name of business/organization	1

## Address of business/organization

Street Address		City	State	Zip Code
Phone				
Name of position				
Are you financially able to pro	-	?*		
□Yes	□No			
Part 4: Your Pet History				
Do you currently have any ani	mals?*	Are all your ar	nimals spayed or ne	utered?*
□Yes	□No	□Yes		No
Name(s) and Type(s) of Pet(s)				
Do you have a veterinarian?*				
Yes	□No			
Name of Veterinary Practice*				
Practice Name	Pho	one Number		
Have you ever surrendered an	animal?*			
□Yes	□No			
Explain				
Part 5: New Pet Information				
Why do you want to adopt a p	et?*			
Are you prepared to take on the second to take on the second seco	ne responsibil □No	lity of caring for this a	animal for its lifetim	ie?*
Do you have any experience ca	aring for this t	type of animal?*		
□Yes	□No			
Do you have a doggie door?*				
Yes	□No			
Do you have a fenced yard?*				
Yes	□No			

How many hours a day will your new	v pet be le	ft alone on weekdays?*
How many hours a day will your new	v pet be le	ft alone on weekends?*
Part 6: References		
	-	<b>embers or roommates</b> . Suggested references are a friend, u listed a Veterinarian on the previous page, we will add
Reference 1		
First	Last	
Phone*		Relation to you*
Reference 2		
First	Last	
Phone*		Relation to you*
Part 7: Final Step		

Please check if you agree that you understand this application process.\*

This application is also a contract, by checking "I agree", I certify that the above information is true. I understand that Pets Come First reserves the right to deny my application for any reason. I give Pets Come First representatives permission to contact my Veterinarian, these references, to make follow-up calls and permission to do a home visit. I understand that I cannot release this animal into the wild. I understand that it is my responsibility to acquire informational material regarding proper care of the specific animal, to provide adequate care, housing and proper lighting for reptiles. I understand that if I cannot keep this animal(s) for any reason or cannot afford veterinary care I will contact Pets Come First and return the animal to them.

I further declare that I am fully aware that Pets Come First is a shelter taking in animals with prior dispositions and circumstances unknown to them. I understand that Pets Come First cannot and has not made any representations or guarantees about the behavior or propensities of the animal (s) which I am adopting.

Date	
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Signature\_\_\_\_\_