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*DogCatOther: $\qquad$
Name of pet you are applying for* $\qquad$

## Date*

$\qquad$

## Part 1: Applicant Information

Your name*
—_

First
Last

| Street Address |
| :--- |
| Email |

Phone: home
Phone: cell
Type of residence:*HouseApartmentOwnRent

## 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 lease?
$\square$ Yes
$\square$ No
How long have your lived at this address?* $\qquad$
Plans to move?*
$\square$ Yes $\quad \square$ No
Number of adults in the household:* $\qquad$
Have all of the adults agreed to this adoption?*$\square$ No
Are you a student?*
$\square$ YesNo

Year in School?
Do you have roommates?*
$\square$ Yes$\square$ No

Do they know you would like to adopt?
YesNo

Number of children in the household:* $\qquad$
Ages $\qquad$
Anyone allergic to animals?*YesNo

## Part 3: Employment Information

## Employment status*

$\square$ Self-employed
$\square$ Employed
$\square$ Unemployed
Name of business/organization

Address of business/organization

| Street Address | City | State | Zip Code |
| :--- | :--- | :--- | :--- |
| Phone |  |  |  |

Name of position

Are you financially able to provide for a pet?*
$\square$ Yes
$\square$ No

## Part 4: Your Pet History

Do you currently have any animals?*
Are all your animals spayed or neutered?* $\square$ Yes
$\square$ No
$\square \mathrm{Yes}$

Name(s) and Type(s) of Pet(s)
Do you have a veterinarian?*
$\square$ Yes

Name of Veterinary Practice*
Practice Name

Phone Number

Have you ever surrendered an animal?*$\square$ No

Explain $\qquad$

## Part 5: New Pet Information

Why do you want to adopt a pet?* $\qquad$
Are you prepared to take on the responsibility of caring for this animal for its lifetime?*
Yes

Do you have any experience caring for this type of animal?*
$\square$ Yes
$\square$ No

Do you have a doggie door?*Yes
$\square$ No

Do you have a fenced yard?*
$\square$ Yes
$\square$ No

How many hours a day will your new pet be left alone on weekdays?* $\qquad$
How many hours a day will your new pet be left alone on weekends?*

## Part 6: References

List two local references that are not family members or roommates. Suggested references are a friend, supervisor at work, colleague or landlord. If you listed a Veterinarian on the previous page, we will add them as a third reference.

Reference 1

## First

Phone*

Reference 2

First

Phone*

Last

Relation to you*

## Last

Relation to you*

## Part 7: Final Step

Please check if you agree that you understand this application process.*
$\square$ I agree
$\square$ I do not agree

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 $\qquad$ Signature $\qquad$

