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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*

- Dog
 Cat
 Other: _____

Name of pet you are applying for* _____

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

Owned or Rented:

- Own
 Rent

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?

Yes

No

How long have you lived at this address? * _____

Number of adults in the household: * _____

Have all of the adults agreed to this adoption? *

Yes

No

Are you a student? *

Yes

No

Year in School? _____

Do you have roommates? *

Yes

No

Do they know you would like to adopt?

Yes

No

Number of children in the household: * _____

Ages _____

Anyone allergic to animals? *

Yes

No

Part 3: Employment Information

Employment status *

Employed

Unemployed

Retired

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?*

Yes

No

Part 4: Your Pet History

Do you currently have any animals?*

Yes

No

Are all your animals spayed or neutered?*

Yes

No

Name(s) and Type(s) of Pet(s)

Do you have a veterinarian?*

Yes

No

Name of Veterinary Practice*

Practice Name

Phone Number

Have you ever surrendered an animal?*

Yes

No

Explain _____

Part 5: New Pet Information

Why do you want to adopt a pet?*

Are you prepared to take on the responsibility of caring for this animal for its lifetime?*

Yes

No

Do you have any experience caring for this 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 pet be left alone on weekdays?* _____

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

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.*

I agree

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.

I would like to receive information from Pets Come First by e-mail regarding its events, news, etc.

Date_____

Signature_____