



Animal Clinic of Chardon Angel Fund Adoption Application

Date: _____

Name of pet you wish to adopt: _____

First name: _____ Last Name: _____

Street Address: _____ City: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Current Employer: _____

Driver's License Number: _____ Expiration Date: _____

How many people live in your household? _____ Adults: _____ Children: _____

How many pets do you currently have? _____ Dogs: _____ Cats: _____ Other: _____

Are your current pet(s) spayed or neutered? _____ If no, why?

Do you (check one):

Own your house Rent your house Rent an apartment Live with parents

Other, please explain:

If renting, please provide your Landlord's information:

Name: _____ Number: _____ Does your Landlord allow pets? _____

If you were forced to move, what would you do with your pet(s)?

If you go on vacation, who will care for your pet(s)? _____

Have you had pets previously, if so, what happened to them?

Why do you want to adopt this pet? _____

For whom are you adopting this pet? _____

Who will care for this pet? _____

If this is a cat, will he/she be indoors only, outdoors only, or indoors/outdoors? _____

How often do you feel an animal should go to the veterinarian? _____

Are you able and willing to dedicate the time, effort and money necessary to properly care for this pet? _____

Are you aware of and able to meet, the financial responsibility, time, and effort of pet ownership? _____

Current Veterinarian (or vet used in the past if you currently do not have any pets)* : _____

Phone number of Veterinarian: _____

*Please note that many vet clinics require your authorization to release any information. We do call your veterinarian to verify records and health care of previous/current pets. Please contact your vet giving your permission for us to discuss your records.

Personal Reference (please list only 1 family member):

Name: _____ Relationship to you: _____ Phone number: _____

Name: _____ Relationship to you: _____ Phone number: _____

Would you be interested in continuing the care of any new pets at the Animal Clinic of Chardon? _____

How did you hear about this pet? Facebook Pet Finder Word of Mouth Drive By

Are you willing to sign an adoption contract? * _____

*Note: There is an adoption fee of \$60 (kittens/puppies <7 years) or \$30 (cats/dogs >7 years and up) to cover cost of the initial medical care and preventive care of the pet in interest.

By signing this application, I certify that the above information is true. I further certify that I am financially and physically able to care for this animal. I do understand that proper food and veterinary care can be costly and I am able to meet these obligations.

Applicant Signature: _____ Date: _____