



Bright Eyes & Bushy Tails Veterinary Hospital
PET ADOPTION APPLICATION

This application is designed to ensure that the pet you adopt will match your lifestyle and personality. It is the goal of Bright Eyes & Bushy Tails to make sure that each pet we re-home will be responsibly cared for medically, physically and mentally. Please fill out the form accurately and completely.

Name(s): _____

Address: _____

City, State, Zip: _____

Home/Cell phone: _____

Work phone: _____

Email address: _____

Occupation: _____

Employer: _____

Please state best time(s) to reach you and preferred method of contact: _____

Do you live in a:

Single family home

Condominium/townhouse

Apartment

Mobile home

Other — Please specify: _____

Do you: own your home?

rent your home?

*****IF YOU RENT, YOU MUST PROVIDE PROOF THAT YOUR LANDLORD ALLOWS PETS*****

Landlord's Name: _____

Landlord's Phone Number: _____

Do you live with children? _____

If yes, please describe their ages and relationship to you:

How many pets have you owned in the last 5 years: _____

Do you still own these pets? _____

If not please describe what happened to them: _____

What (if any) pets do you currently have in your home? _____

Are they spayed/neutered? _____

Up to date on vaccinations? _____

Please provide a veterinary reference

Veterinary Clinic's Name: _____

Address: _____

Phone Number: _____

Do you use heartworm prevention in your dogs and cats? _____

Would you consider adopting a pet with special needs? _____

Please provide TWO personal references that have known you for at least two years. Please do not include relatives.

Reference 1

Name: _____

Phone number(s): _____

Address: _____

Email address: _____

Relationship to applicant: _____

Reference 2

Name: _____

Phone number(s): _____

Address: _____

Email address: _____

Relationship to applicant: _____

Please date and initial the following:

_____ I understand the adoption fee is non-refundable if for any reason the animal must be returned.

_____ If for any reason I am unable to keep this animal, I will return it to Bright Eyes & Bushy Tails.

_____ I am willing and able to accept full and immediate responsibility for the ownership of this animal, including health care costs and necessary burdens and responsibilities of pet ownership.

By signing below, I certify that the information provided in this application is correct and any misrepresentation of facts will result in denial of this application. I understand that the submission of this application in no way guarantees my adoption of an animal from Bright Eyes & Bushy Tails Veterinary Hospital.

Your signature on this application also gives your veterinarian permission to provide any and all information requested in regard to medical and preventative care provided to any current or past pets.

Signature: _____

Date: _____

Signature: _____

Date: _____