

# SADSAC ADOPTION APPLICATION

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Spouse Name: \_\_\_\_\_  
 Pet's name you wish to adopt: \_\_\_\_\_ Description: \_\_\_\_\_

Do you own your home? \_\_\_\_\_ Do you rent? \_\_\_\_\_  
 Are pets permitted on your lease? \_\_\_\_\_ Weight limit: \_\_\_\_\_  
 Name/Address/Phone of landlord: \_\_\_\_\_

Type of home: Single \_\_\_\_\_ Townhouse \_\_\_\_\_ Condo \_\_\_\_\_ Apartment \_\_\_\_\_  
 Are you planning to move in the next six months? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Would your pet go with you if you moved? Yes \_\_\_\_\_ No \_\_\_\_\_

List animals you currently own or are in your care/house and those you have owned in the past 5 years:

### DOGS

Name	Sex	Age	Neutered	Housed Indoors	Housed Outdoors	Where is it now?	How Long owned?

### CATS

Name	Sex	Age	Neutered	Indoor/Outdoor	Indoor only	Where is it now?	How Long owned?

Reason for adopting:

\_\_\_\_\_

\_\_\_\_\_

Who will be responsible for this animal? \_\_\_\_\_

Is anyone in household allergic? Yes \_\_\_ No \_\_\_  
Where will this pet be kept while you are away from home? \_\_\_\_\_

Who will be responsible for this pet while you are on vacation? \_\_\_\_\_

Are all members of your household aware you are interested in adopting a pet?  
Yes \_\_\_ No \_\_\_  
What are your plans for disciplining/training your pet? \_\_\_\_\_

Have you ever given away/sold or released an animal to an animal shelter or rescue group? Yes \_\_\_ No \_\_\_  
If yes, why? \_\_\_\_\_

Will you provide annual vaccinations and any medical care necessary?  
Yes \_\_\_ No \_\_\_

Who will be responsible for this pet if you have to move? \_\_\_\_\_  
Where will this pet be kept during the day? \_\_\_\_\_ night? \_\_\_\_\_

Name/address/phone number of your veterinary hospital:  
\_\_\_\_\_  
\_\_\_\_\_