

# APPLICATION FOR PET ADOPTION

Please be as specific and detailed as possible, carefully answering ALL questions. Understand that completing this application does not guarantee an adoption. Each application will be reviewed and considered.

## ABOUT

FULL NAME

---

ADDRESS

---

---

---

PHONE #1

REQUIRED

PHONE #2

REQUIRED

EMAIL ADDRESS

REQUIRED

## RESIDENCE

1. WHAT IS YOUR PRIMARY RESIDENCE?

HOUSE    APARTMENT    MOBILE HOME

2. DO YOU OWN OR RENT?

OWN    RENT; move to 2b

2b. WHO IS YOUR LANDLORD?

NAME

PHONE #

2c. ARE YOU ALLOWED TO HAVE PETS?

YES    NO

TODAY'S DATE:

NAME AND DESCRIPTION OF DOG/CAT YOU ARE INTERESTED IN:

HOW DID YOU HEAR ABOUT SAUNDERS COUNTY LOST PETS?

## PET HISTORY

3. HAVE YOU EVER HAD PRIOR OWNERSHIP OF A PET?

YES; move to 3b    NO

3b. PLEASE LIST PETS:



BREED / AGE

---

---

---

STILL OWN?

YES    NO    DECEASED

NEUTERED/SPAYED?

YES    NO

DECLAWED?

YES    THAT'S CRUEL



BREED / AGE

---

---

---

STILL OWN?

YES    NO    DECEASED

NEUTERED/SPAYED?

YES    NO



SPECIES / AGE

---

---

---

STILL OWN?

YES    NO    DECEASED

NEUTERED/SPAYED?

YES    NO

4. HAVE YOU EVER HAD TO SURRENDER A PET BEFORE?

YES (PLEASE EXPLAIN)    NO

5. ARE YOU ALREADY ESTABLISHED WITH A VETERINARIAN?

YES    NO

5b. WHO IS YOUR VETERINARIAN? NAME AND PHONE #

# APPLICATION FOR PET ADOPTION PAGE 2

## QUALITY OF LIFE

6. DO YOU HAVE A FENCED AREA? YES NO

7. WHO LIVES IN YOUR HOME? PLEASE STATE HOW MANY PEOPLE LIVE WITH YOU, INCLUDING AGES OF ANY CHILDREN:

8. WHO WILL BE THE PRIMARY CARETAKER A NEW NEW DOG/CAT?

9. WHERE WOULD A NEW DOG/CAT SLEEP?

10. HOW MANY HOURS A DAY WOULD A NEW PET BE LEFT ALONE?  
0-3 HOURS  
8-10 HOURS  
12+ HOURS

11. WHERE WOULD A NEW PET STAY WHILE LEFT ALONE?

12. WOULD YOU PROVIDE OBIENCE TRAINING? YES NO

13. WHAT WOULD HAPPEN TO YOUR PET IF YOU SHOULD MOVE?

14. WHAT WOULD CAUSE YOU TO RETURN A PET TO SAUNDERS COUNTY LOST PETS?

BY SIGNING THIS ADOPTION APPLICATION, I PROMISE TO GIVE A NEW DOG OR CAT ADOPTED FROM SAUNDERS COUNTY LOST PETS GOOD CARE AND TO PROVIDE IT WITH HEALTHCARE, INCLUDING (BUT NOT LIMITED TO) ANNUAL VACCINATIONS, FLEA AND TICK PREVENTION, AND YEAR-ROUND HEARTWORM PREVENTION?

I HAVE COMPLETED THESE QUESTIONS TO THE BEST OF MY ABILITY.

I UNDERSTAND THAT SAUNDERS COUNTY LOST PETS EXERCISES ITS DISCRETION IN THE PLACEMENT OF ALL DOGS AND CATS AND THAT THE COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE THAT I WILL BE ABLE TO ADOPT A DOG OR CAT FROM SAUNDERS COUNTY LOST PETS.

I ALSO UNDERSTAND THAT IF THE NEED ARISES TO SURRENDER A DOG OR CAT FROM SAUNDERS COUNTY LOST PETS FOR ANY REASON DURING IT'S LIFETIME, I AM TO CONTACT SAUNDERS COUNTY LOST PETS FIRST.

\*ALL ADOPTIONS ARE REQUIRED TO SIGN A CONTRACT PRIOR TO RELEASE OF A DOG OR CAT.

SIGNATURE

DATE

### SAUNDERS COUNTY LOST PETS

226 W 5TH STREET WAHOO, NEBRASKA 68066

www.sclprescue.org | debora@saunderscountylostpets.com | 402-432-2814