



ADOPTION APPLICATION

Date: _____

Name of Pet you are interested in: _____ Animal ID #: _____ Type of Pet: DOG / CAT

Name: _____ Email: _____ Ph: _____

Address (Street, City, St, Zip): _____

Description of Pet (Breed, Coloring): _____

Do you plan to keep your new pet inside, outside or both? _____

Do you own or rent? _____ How long have you lived at this address? Y _____ M _____

If you rent please provide landlord's name and ph#: Name: _____ Phone: _____

Is there a limit as to how many pets you can have where you live? Is so, what is it? _____

Is there a weight limit to the pets allowed? If so, what is it? _____

Are there any breed restrictions where you live? If so, what are they? _____

List all pets you currently have:

	Pet 1	Pet 2	Pet 3	Pet 4
Name				
Species				
Age				
Sex				
Spayed / Neutered?				
(Dog) Kept current on monthly Heartworm Prevention?				
Current on Vaccinations?				
Microchipped?				
Kept current on monthly Flea Prevention?				
(Cat) Is it declawed?				

If you have any cats or dog in your home that are not spayed or neutered, would you be willing to get them done? (We can provide low cost options) Yes No N/A

List all members of your household and their ages: _____

Name and phone of current Vet practice: _____

If you don't currently have a Vet, have you picked one out yet? If so, which one? _____

When was your last vet visit and for what reason? _____

Will you allow an OPA representative to visit your home: Yes No

Are you willing to take responsibility for this pet for the rest of its life? Yes No

Are you willing to spend the necessary money for vet bills that may be incurred to keep your pet healthy, knowing in advance that the average yearly cost of having a pet is approximately \$700 - \$1,000? Yes No

Who will be the primary caretaker for the pet (feeding, attention, training, exercise)? _____

Where will the pet sleep? _____

How many hours a day on average will your pet be left alone? _____

Where will the pet stay while you are away? _____

Have you ever sold, given away or surrendered a pet to a shelter or another individual? If yes, please explain: Yes No

What will happen to this pet if you move? _____

What will happen to this pet if you can no longer care for it? _____

Question specific to CATS: Are you planning to declaw your cat or kitten? Yes No N/A

Questions specific to DOGS:

Are you familiar with using a crate to housetrain and provide a safe place for your pet to stay when you are away? Yes No

If not, are you willing to learn and use this technique? Yes No N/A

Is your yard fenced? Yes No If yes, describe type of fence and approx. height: _____

Dogs need daily exercise! Please explain what kind of exercise you plan to provide: _____

Will you consider obedience training classes or seek the help of OPA members to help you learn proven methods of dog training, if needed? Yes No

I attest the information provided on this application is true and accurate to the best of my knowledge. I hereby permit Operations Pets Alive! (OPA) to contact my Veterinarian. If for any reason I am unable to keep an adopted pet from OPA for its entire life, I will contact OPA and make arrangements to return the pet. Further, I agree to not sell, give away or dispose of the pet in any other manner (except euthanasia for medical reasons at the advice of a licensed vet) without prior consent of OPA. Accept Do Not Accept

Signature

Printed Name

Date

Email adopt@operationpetsalive.org with any questions concerning our adoption process.