IMPERIAL ANIMAL HOSPITAL
ADOPTION APPLICATION

636-464-8573

Name:_____
Last First Spouse

Address:_____City/State/Zip:_____

Home Phone:_____Other Phone:_____

- Are you interested in a: DOG PUPPY CAT KITTEN

- Do you live in a: HOUSE APARTMENT CONDO MOBILE HOME

- Do you: RENT OWN LIVE WITH RELATIVE
Landlord/Apartment Complex:_____ Phone:_____

- Do you have children at home: YES NO How many? _____
Ages? Under 2 2-5 6-9 10-13 14-Up

- Why do you want to adopt a pet? GIFT BARN CAT COMPANIONSHIP
HUNTING GUARD/WATCH DOG FOR CHILDREN TO PLAY WITH

- Do you have any other pets at home: YES NO How Many:_____

BREED:_____ AGE:_____ SPAY/NEUTERED? YES NO
BREED:_____ AGE:_____ SPAY/NEUTERED? YES NO
BREED:_____ AGE:_____ SPAY/NEUTERED? YES NO

- What veterinarian do you use?_____

- Where will your pet sleep?_____

- How many hours a day will your pet be alone?_____

- If you are adopting a dog, how do you plan to confine it when it goes outside?
CHAIN LEASH FENCED YARD RUN FREE OTHER_____

- If you are adopting a cat, will it be allowed to go outside? YES NO

I have answered all the questions on this application truthfully and to the best of my knowledge. I grant the Imperial Animal Hospital permission to verify the above information, including landlord or other property owner's requirements regarding animal ownership.

SIGNATURE_____ DATE_____