IMPERIAL ANIMAL HOSPITAL
ADOPTION APPLICATION

Name: _____
Last First Spouse

Address: _____

City/State/Zip:_____

Home Phone:_____Cell 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 a 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:_____ Spayed/Neutered? Yes No

Breed:_____ Age:_____ Spayed/Neutered? Yes No

Breed:_____ Age:_____ Spayed/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_____