

**SCOTTSVILLE**
VETERINARY ADOPTIONS

"Dedicated to matching homeless pets with caring people"

3750 Scottsville Road | Scottsville, NY 14546

(585) 889-8340

ADOPTION APPLICATION

Date ____/____/____

Name _____ Home Phone # () ____ - ____

Address _____ Other Phone # () ____ - ____

City/State/Zip _____ Email Address _____

Apt. # _____ Length of time at residence _____

House Apartment Condo Dormitory Townhouse/Duplex With Parents Mobile Home

Do you rent? Yes No Landlord's Name _____ Phone # () ____ - ____

Number of adults in household? _____ Children? _____ Ages? _____ Allergies? _____

Current Employer _____ Full-time? _____ Part-time? _____

If not currently employed, how do you plan to support a pet? _____

Why are you interested in adopting a pet? _____

What kind of pet are you looking for? DOG (Large or Small) PUPPY CAT KITTEN

Do you have any pets now? (Please Specify) _____

Spayed or Neutered: Yes No Current on Rabies vaccine: Yes No Distemper Vaccine: Yes No

Veterinarian Hospital: _____ May we contact them: Yes No

Have you had pets in the past? _____ What happened to them? _____

Would this pet be kept indoors? _____ Outdoors? _____ Both? _____

Where would this pet be kept when you're not at home? _____

Hours per day the pet would be left alone? _____

How much are you prepared to spend yearly on this pet's care? _____

I understand that adopting a pet is a major commitment that may require time and money for up to 20 years. I pledge to keep this pet current on vaccinations and provide it with any medical care it may require. I affirm that I am 18 years of age or older, and the information on this form is true to the best of my knowledge.

Signature: X _____

Please note that all animals will be spayed/neutered prior to going home, unless other arrangements have been made.

Adoption Specialist _____