



Adoption Application

Date: ____ / ____ / ____

Name of Animal _____

(Please Print)

Name(s): _____
 Address: _____ City: _____ State: _____ Zip: _____
 Driver's License # _____ Issuing State: _____
 Home Phone: _____ Employer: _____ & Phone _____
 Do you Own Rent, Complex name: _____ & Phone _____

What pets do you currently own? _____

NAME	BREED	AGE	M/F	SPAYED/NEUTERED	CURRENT ON VACCINES

If you currently have dogs, are they on a heartworm preventive? _____
 Is your yard fenced in? Yes No If yes, how high is it? _____
 Do you live in City Rural Farm
 Where will the animal live during the day? Indoors Outdoors
 Where will the animal sleep at night? Indoors Outdoors
 Have you ever relinquished an animal to Animal Control? _____
 Have you ever been convicted of a crime? _____
 How many pets have you owned in the past 10 years? _____
 What became of your pets? _____

Do you have a Veterinarian? Yes No, if not who will you use
 Name: _____ Phone: _____
 Have you considered the expense of this animal, both routine and unexpected illnesses? Yes No

How did you hear about HS Cabarrus Animal Rescue? _____

Any other info that may be helpful in evaluating your application? _____

Email: _____ / Signature: _____
 (must be 21 years of age)