



Animal Name: _____ Dog Puppy Cat Kitten

Contact Information

Name (Last, First, MI): _____

Home address: _____ Apt. _____

City: _____ Zip: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

Email: _____

Residence Information

- Do you own your own home? Yes No If yes, for how long? _____
- If you rent, please provide your landlord's contact information below. Your landlord will be contacted.
Name: _____ Phone _____
- Type of home: House Condo/Townhome Apartment Military Housing Other
- If you own a condo/townhome, have you checked with your homeowner's association regarding their pet policy? Yes No

Family Information

- How many adults are in the house? _____ Children? _____ Children's Ages: _____
- Are you over 18? Yes No Are you a student? Yes No
- Do any members of your household have allergies specific to animals? Yes No If yes, please explain:

Current Pet Information

- Do you currently have a pet? Yes No

If yes, please list current pet(s) residing at your home (include roommates' pets as well):

Breed	Name	Age	Sex	Are they spayed or neutered?		# of years owned	Indoor/ Outdoor
				Yes	No		

- Have you owned any pets previous to the pet(s) listed above? Yes No
If yes, please explain: _____
- Do you already have a veterinarian? Yes No If yes, please provide their contact information:
Veterinarian Name/Practice Name: _____ Phone _____
- May we contact your veterinarian for a reference? Yes No
If no, please explain: _____
- How frequently do you seek medical care for your pets? _____
- Have you relinquished or given away any pets before? Yes No
If yes, please explain the circumstances involving giving up your pet (i.e., to whom, why, and when):

New Pet Information

- 14. Where will your new pet be kept when you are home? _____
- 15. Where will your new pet be kept when you are NOT at home? _____
- 16. In a 24-hour day, how long would your pet be left alone at any given time? (Please check one)
 2-4 hours 4-8 hours 8-12 hours 12+hours
- 17. If adopting a puppy or kitten, have you had any previous experiences Yes No
 If yes, please explain—including the age:

- 18. If going on vacation, who will care for your pet? _____
- 19. Why are you interested in adopting this pet? _____
- 20. Are you willing to spend money for any medical/behavioral issues? Yes No If yes, how much? _____
- 21. Who will ultimately be responsible for the feeding, socialization and other training of this pet? _____
- 22. Under what circumstances would you not keep this pet? _____
(Note: Animal Services always take their pets back if needed)
- 23. Describe the personality of your ideal pet:
 Active Mellow Loving Independent CouchPotato Good w/other animals
 Frisky Tolerant
- 24. Where will this pet live? (please check one)
 Inside house only Inside and Outside Outdoors only Other _____
- 25. Where will this pet sleep? (please check one)
 Inside the house Outdoors Garage Other _____
- 26. The adoption of a lifelong animal friend should not be impulsive, but rather a carefully thought out decision, which will ensure a loving, lasting relationship. Remembering that you are applying for a lifetime companion—are you willing to make the investment in both time and finances (up to \$1,000 or more annually) to care for and properly manage your new pet? Yes No
- 27. How much time do you need to prepare for your new pet before taking him/her home? _____
- 28. Would you agree to a home inspection prior to adoption? Yes No

PLEASE READ THE FOLLOWING CAREFULLY

I hereby certify that the above information is true. I understand that any falsification discovered during the adoption process may result in the nullification of this adoption. I understand that this pet may live 12 or more years and I am prepared to give it the medical and emotional care and support that it needs. In addition, I understand that expenses (i.e., food, medical care, vaccinations, and supplies, etc.) may average \$1,000 or more annually. Adoptions are based on the best match, thus this application may not necessarily result in the adoption of the animal(s) listed above. Please know that the staff at the County of San Diego, Department of Animal Services, strive to achieve the most successful match for both pet and prospective family. **BY SIGNING BELOW, I ACKNOWLEDGE HAVING READ THIS APPLICATION, ANSWERED ALL QUESTIONS, AND FULLY UNDERSTAND THE RESPONSIBILITY OF ADOPTING A PET.**

Applicant Signature: _____ Date: _____

DEPARTMENT USE ONLY:

Date: _____ Staff Initials: _____ Approved Disapproved

Comments: _____